

Pt No.	Date of administration:	Hospital:	UR:	Age:	Gender:	Time patient	Past Medication	Antihypertensive administered:	Strength/Dose: (1st dose)
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Strength/ Dose: (2nd dose)	Strength/ Dose (3rd dose)	Blood pressure (Systolic) after 1st dose:	Blood pressure (Diastolic) after 1st dose:	Blood pressure (Systolic) after 2nd dose:	Blood pressure (Diastolic) after 2nd dose:	Blood pressure (Systolic) after 3rd dose:	Blood pressure (Diastolic) after 3rd dose:	Location of where the anti- hypertens ive was retrieved: (Imprest/ pharmacy /Stroke kit)	Highest BP reading prior to administr ation of anti- hypertens ive (Systolic blood pressure in mmHg)
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Highest BP reading prior to administration of anti-hypertensive (Diastolic blood pressure in mmHg)	Lowest BP reading post IV anti-hypertensive:	Time when antihypertensive was administered:	Time when target BP was achieved:	Time taken for target BP to be reached: (Minutes)	Type of thrombolytic agent used: (Alteplase /tenecteplase)	Time of when thrombolytic agent was administered:	Was an infusion given? (yes/no)	If an infusion was given, cumulative dose given:	Were multiple IV antihypertensives given? (Cross-over group) (yes/no)
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Name/length of other IV antihypertensive used:	NIHSS score (baseline):	NIHSS score post thrombolysis:	Adverse effects reported from antihypertensive:	Comments:
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