|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Timepoint | Reading | Blood Pressure (mmHg) | Heart Rate (bpm) | Timepoint | Reading | Blood Pressure (mmHg) | Heart Rate (bpm) |
| Pre-Dose 1 | Reading 1 |  |  | Post-Dose 1 | Reading 1 |  |  |
| Reading 2 |  |  | Reading 2 |  |  |

**DOSE 1 (<6 hours of stroke onset)**

**Hemodynamics**

**Intervention**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dose | Cycle  | Date and time commenced\*only need to document additional times for cycle 2,3 or 4 if the auto-device is interrupted | Duration cuff inflated\*Complete for each cycle(max 5 minutes per cycle) | Dose given by: (Sign /Date)  | Comments (e.g. if full dose not received, adverse events, arm used to deliver intervention) |
| **DOSE 1**  | Cycle 1 |  |  Min  | Sec |  |  |
| Cycle 2 |  |  |  |
| Cycle 3 |  |  |  |
| Cycle 4  |  |  |  |

**DOSE 2 (1-2 hours following dose 1)**

**Hemodynamics**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Timepoint | Reading | Blood Pressure (mmHg) | Heart Rate (bpm) | Timepoint | Reading | Blood Pressure (mmHg) | Heart Rate (bpm) |
| Pre-Dose 2 | Reading 1 |  |  | Post-Dose 2 | Reading 1 |  |  |
| Reading 2 |  |  | Reading 2 |  |  |

**Intervention**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dose | Cycle  | Date and time commenced\*only need to document additional times for cycle 2,3 or 4 if the auto-device is interrupted | Duration cuff inflated\*Complete for each cycle(max 5 minutes per cycle) | Dose given by: (Sign /Date)  | Comments (e.g. if full dose not received, adverse events, arm used to deliver intervention) |
| **DOSE 2** | Cycle 1 |  |  Min  | Sec |  |  |
| Cycle 2 |  |  |  |
| Cycle 3 |  |  |  |
| Cycle 4  |  |  |  |

**DOSE 3 (Day 2 AM)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Timepoint | Reading | Blood Pressure (mmHg) | Heart Rate (bpm) | Timepoint | Reading | Blood Pressure (mmHg) | Heart Rate (bpm) |
| Pre-Dose 3 | Reading 1 |  |  | Post-Dose 3 | Reading 1 |  |  |
| Reading 2 |  |  | Reading 2 |  |  |

**Hemodynamics**

**Intervention**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dose | Cycle  | Date and time commenced\*only need to document additional times for cycle 2,3 or 4 if the auto-device is interrupted | Duration cuff inflated\*Complete for each cycle(max 5 minutes per cycle) | Dose given by: (Sign /Date)  | Comments (e.g. if full dose not received, adverse events, arm used to deliver intervention) |
| **DOSE 3** | Cycle 1 |  |  Min  | Sec |  |  |
| Cycle 2 |  |  |  |
| Cycle 3 |  |  |  |
| Cycle 4  |  |  |  |

**DOSE 4 (Day 2 PM)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Timepoint | Reading | Blood Pressure (mmHg) | Heart Rate (bpm) | Timepoint | Reading | Blood Pressure (mmHg) | Heart Rate (bpm) |
| Pre-Dose 4 | Reading 1 |  |  | Post-Dose 4 | Reading 1 |  |  |
| Reading 2 |  |  | Reading 2 |  |  |

**Hemodynamics**

**Intervention**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dose | Cycle  | Date and time commenced\*only need to document additional times for cycle 2,3 or 4 if the auto-device is interrupted | Duration cuff inflated\*Complete for each cycle(max 5 minutes per cycle) | Dose given by: (Sign /Date)  | Comments (e.g. if full dose not received, adverse events, arm used to deliver intervention) |
| **DOSE 4** | Cycle 1 |  |  Min  | Sec |  |  |
| Cycle 2 |  |  |  |
| Cycle 3 |  |  |  |
| Cycle 4  |  |  |  |

*Once complete, please upload a copy of the Dose Accountability Log to the RECAST-3 database and file a copy in the patient’s notes. Retain the original in the investigator site file.*