

Big County Regional Advisory Council
Regional STEMI Plan
STEMI: THROMBOLYTIC CHECKLIST

Photocopy This Form and Leave A Copy With Emergency Department Physician At Bedside

INCIDENT

Date _____ Agency _____ Unit# _____

Patient Name _____ Age _____ DOB _____

INDICATIONS FOR USE OF CHECKLIST

For Patient's experiencing chest discomfort for greater than 15 minutes and less than 12 hours, AND 12-lead ECG shows STEMI or presumable new LBBB.

Are there any contraindications to fibrinolysis?

- Systolic BP greater than 180 mm/Hg Yes No
- Diastolic BP greater than 110 mm/Hg Yes No
- Right vs. left arm systolic BP difference greater than 15 mm Hg Yes No
- History of structural central nervous system disease Yes No
- Significant closed head facial trauma within previous 3 months Yes No
- Recent (within 6 weeks) major trauma, surgery (including laser eye surgery), GI/GU bleed Yes No
- Bleeding or clotting problem or on blood thinners Yes No
- CPR greater than 10 minutes Yes No
- Pregnant female Yes No N/A
- Serious systemic disease (e.g., advanced/terminal cancer, severe liver or kidney disease) Yes No

Is patient at high risk?

- Heart rate greater than or equal to 100 bpm AND systolic BP less than 100 mm/Hg Yes No
- Pulmonary edema (rales) Yes No
- Signs of shock (cool, clammy) Yes No
- Contraindications to fibrinolytic therapy Yes No

Comments
