

Thrombolytic Checklist (STEMI)**8.04**

Complete this checklist for any patient with a STEMI

EVENT INFORMATION						
Date:		ATCC Number:		Time:		AM PM
Destination:						
Patient Name:				Patient DOB:		

12-LEAD

Chief Complaint/Reason for 12-Lead: _____

12-Lead Acquired: Yes_____ No_____ 12-Lead Transmitted: Yes_____ No_____

Number of Transmission Attempts: _____ Mode of Transmission: _____

EMSP Assessment of 12-Lead: _____

DOES PATIENT HAVE:	YES	NO
Chest pain or equivalent characteristic of myocardial ischemia, for at least 30 minutes. Pain has not lapsed and is not relieved by NTG or position changes		
ECG ST segment elevation of at least 1 mm in at least two contiguous leads reflecting a single myocardial region (Q waves are not a contraindication)		
Elapsed time from onset of ischemia to evaluation less than twelve hours		
EXCLUSION CRITERIA: POTENTIAL ABSOLUTE CONTRAINDICATIONS	YES	NO
Active internal bleeding		
Past or present bleeding disorder		
History of any stroke, intracranial neoplasm, arteriovenous malformations or aneurysm		
Intracranial or intraspinal surgery or trauma in the last 2 months		
Intracranial neoplasm, arteriovenous malformation, or aneurysm		
Uncontrolled hypertension - systolic > 180 mm Hg, diastolic > 110 mm Hg		
Pregnancy		
EXCLUSION CRITERIA: POTENTIAL RELATIVE CONTRAINDICATIONS	YES	NO
Diabetic hemorrhagic retinopathy or other hemorrhagic ophthalmic conditions		
Prolonged CPR (longer than 10 minutes)		
Major surgery at <u>non-compressible</u> site (eg. CABG) within 10 days		
Documented cerebrovascular disease		
Gastrointestinal or genitourinary bleeding within last 7 days		
Significant liver dysfunction		
PHYSICALLY advanced age (>75 years with multiple disease states beyond AMI).		
Patients currently receiving oral anticoagulants		
Previous thrombolytic therapy		
Trauma to the head in the last two weeks		
Any trauma in the last two weeks		
Surgery in the last two weeks		