

# FIBRINOLYTIC CHECKLIST

Rev. 5/07

Central Shenandoah EMS Council, 2312 W. Beverley St., Staunton, VA 24401 • 540-886-3676 • www.csems.vaems.org

## INCIDENT DATA

Date	<input type="text"/>	Agency	<input type="text"/>	Unit #	<input type="text"/>
Patient Name	<input type="text"/>	Age	<input type="text"/>	DOB	<input type="text"/>

## INDICATIONS FOR USE OF CHECKLIST

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

### Are there any contraindications to fibrinolysis?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Systolic BP greater than 180 mm Hg   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Diastolic BP greater than 110 mm Hg  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Right vs. left arm systolic BP difference greater than 15 mm Hg                          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| History of structural central nervous system disease                                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Significant closed head/facial trauma within the previous 3 months                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Recent (within 6 weeks) major trauma, surgery (including laser eye surgery), GI/GU bleed | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Bleeding or clotting problem or on blood thinners  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| CPR greater than 10 minutes  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Pregnant female  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Serious systemic disease (eg, advanced/terminal cancer, severe liver or kidney disease)  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

### Is patient at high risk?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Heart rate greater than or equal to 100 bpm AND systolic BP less than 100 mm Hg | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Pulmonary edema (rales)   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Signs of shock (cool, clammy)   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Contraindications to fibrinolytic therapy                                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

### Comments

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