

Fibrinolytic Checklist for STEMI*

Step 1

Has patient experienced chest discomfort for greater than 15 minutes and less than 12 hours?

YES

NO

Does ECG show STEMI or new or presumably new LBBB?

YES

NO



Step 2

Are there contraindications to fibrinolysis?
If **ANY** one of the following is checked **YES**, fibrinolysis **MAY** be contraindicated.

Systolic BP >180 to 200 mm Hg or diastolic BP >100 to 110 mm Hg

YES

NO

Right vs left arm systolic BP difference >15 mm Hg

YES

NO

History of structural central nervous system disease

YES

NO

Significant closed head/facial trauma within the previous 3 months

YES

NO

Stroke >3 hours or <3 months

YES

NO

Recent (within 2-4 weeks) major trauma, surgery (including laser eye surgery), GI/GU bleed

YES

NO

Any history of intracranial hemorrhage

YES

NO

Bleeding, clotting problem, or blood thinners

YES

NO

Pregnant female

YES

NO

Serious systemic disease (eg, advanced cancer, severe liver or kidney disease)

YES

NO

Step 3

Is patient at high risk?

If **ANY** one of the following is checked **YES**, consider transfer to PCI facility.

Heart rate ≥ 100 /min AND systolic BP <100 mm Hg

YES

NO

Pulmonary edema (rales)

YES

NO

Signs of shock (cool, clammy)

YES

NO

Contraindications to fibrinolytic therapy

YES[†]

NO

Required CPR

YES

NO

*Contraindications for fibrinolytic use in STEMI are viewed as advisory for clinical decision making and may not be all-inclusive or definitive. These contraindications are consistent with the 2004 ACC/AHA Guidelines for the Management of Patients With ST-Elevation Myocardial Infarction.

[†]Consider transport to primary PCI facility as destination hospital.

Fibrinolytic Therapy for STEMI

*Contraindications for fibrinolytic use in STEMI consistent with ACC/AHA 2007 Focused Update**

Absolute Contraindications

- Any prior intracranial hemorrhage
- Known structural cerebral vascular lesion (eg, arteriovenous malformation)
- Known malignant intracranial neoplasm (primary or metastatic)
- Ischemic stroke within 3 months EXCEPT acute ischemic stroke within 3 hours
- Suspected aortic dissection
- Active bleeding or bleeding diathesis (excluding menses)
- Significant closed head trauma or facial trauma within 3 months

Relative Contraindications

- History of chronic, severe, poorly controlled hypertension
- Severe uncontrolled hypertension on presentation (SBP >180 mm Hg or DBP >110 mm Hg)[†]
- History of prior ischemic stroke >3 months, dementia, or known intracranial pathology not covered in contraindications
- Traumatic or prolonged (>10 minutes) CPR or major surgery (<3 weeks)
- Recent (within 2 to 4 weeks) internal bleeding
- Noncompressible vascular punctures
- For streptokinase/anistreplase: prior exposure (>5 days ago) or prior allergic reaction to these agents
- Pregnancy
- Active peptic ulcer
- Current use of anticoagulants: the higher the INR, the higher the risk of bleeding

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[†]Could be an absolute contraindication in low-risk patients with myocardial infarction.