

Thrombolytics Assessment Worksheet

Remember: “STEMI patients presenting to a facility without reasonable expectation of PCI **within 90 minutes of presentation** should undergo thrombolysis **within 30 minutes** unless contraindicated” (AHA/ACC Class I rec).

In general, presentation within 3 hrs, age < 75, large infarcts, anterior ST elevation, pronounced reciprocal changes and/or clear ECG evidence of STEMI indicate patients who may derive the greatest benefit from early administration of thrombolytics

I. Are ALL of the following true? If “yes” strongly consider ‘lytics as preferred therapy

- Y / N Transportation time to PCI (from this moment) is likely more than 1 hour?
- Y / N Symptoms started less than **3 hours** ago?
- Y / N Clear ST elevation in 2 or more contiguous leads >1mm **or** new LBBB?
- Y / N Patient has no absolute contraindications to thrombolytics? (listed below)
- Y / N Patient is stable w/o signs of severe cardiogenic shock? (for shock, PCI preferred)

II. Are ANY of the following true? If so, avoid thrombolytics (absolute contraindications).

- Y / N Has the patient ever had an intracranial hemorrhage of any sort?
- Y / N Does the patient have a known structural cerebral vascular lesion (i.e. AVM)?
- Y / N Is the patient suffering from primary or metastatic brain cancer?
- Y / N Has the patient had an ischemic stroke **within 3 months** but not within 3 hrs?
- Y / N Do you think the patient is having an aortic dissection?
- Y / N Is the patient currently having active bleeding? (excluding menses)
- Y / N Has the patient had significant closed head or facial trauma within 3 months?

III. Relative contraindications: Benefit of PCI may be > thrombolytics in these patients, particularly if multiple factors are present. Reasonably assess combined factors.

- History of chronic severe, poorly controlled hypertension
- Severe hypertension on presentation (SBP >180 or DBP >110)
- History of stroke over three months ago or ? intracranial pathology (not ICH or CA)
- Recent, vigorous CPR for > 10 minutes or major surgery within 3 weeks
- Internal bleeding within 2-4 weeks but not currently
- Pregnancy
- Noncompressible vascular punctures
- A questionable dx of STEMI (ECG findings not clear or not diagnostic)
- Prior multiple cardiac stents or known severe CAD
- Age over 75 (age alone is NOT a contraindication to thrombolytics, only a consideration)

IV. If patient clearly fits criteria for thrombolytic therapy, proceed immediately! If you are not sure, continue to prepare for thrombolysis while attempting to contact cardiology. Continue to arrange possible transportation for emergent PCI. If a patient receives thrombolytics they may not require “emergent” air transport; consider ground EMS.

**Please view the other side of this sheet for specific information on
.....the thrombolytic agent in use at your institution**