

Enchanted Circle Pre-Hospital Fibrinolytic Therapy CHECKLIST

CHECKLIST

Chest Pain > 15 min and < 12 hours? **YES** **NO**

ECG STEMI or presumed new LBBB **YES** **NO**

Onset symptoms < 6 hours **YES** **NO**

CONTRAINDICATIONS

Systolic BP > 180 or diastolic > 110 **YES** **NO**

Rt vs Lt arm systolic BP difference > 15 mm Hg **YES** **NO**

Hx of structural CNS disease (brain or spinal cord injury/disease) **YES** **NO**

Stroke > 3 hours or < 3 months **YES** **NO**

Significant closed head/facial trauma within the previous 3 months **YES** **NO**

Recent (within 6 mo) major trauma, surgery (including laser eye), GI/GU bleed **YES** **NO**

Bleeding or clotting problem on blood thinners **YES** **NO**

CPR > 10 minutes **YES** **NO**

Pregnant Female **YES** **NO**

Serious systemic disease (advanced CA, Severe liver or kidney disease) **YES** **NO**

HIGH RISK

HR ≥ 100/min AND systolic BP < 100 **YES** **NO**

Pulmonary Edema **YES** **NO**

Signs of Shock **YES** **NO**

Contraindications to fibrinolytic therapy

YES **NO**

Early ED Notification!

PRE HOSPITAL MANAGEMENT

Pt Name _____ Age _____

C/C _____ Pt wt (kg) _____

Time onset ____:____ Initial pain level ____/10

Pre-hospital recognition ____:____

ECG _____

12 Lead _____

STEMI – ST elevation of 1 mm in 2 contiguous leads or presumed new onset LBBB

Blood draw - rainbow

IV 2nd IV

ASA 325 mg PO

Nitro x _____

Morphine Sulfate x _____ mg

Pain level upon arrival at ED ____/10

Allergies _____

Medications _____

Attendant _____

Basic Intermediate Paramedic

ED arrival time ____:____ Date ____/____/09