Prehospital Fibrinolytic Checklist*

**Step 1**
Has patient experienced chest discomfort for greater than 15 minutes and less than 12 hours?

- **YES**
- **NO**

**Step 2**
Are there contraindications to fibrinolysis?
If ANY 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
- Right vs left arm systolic BP difference >15 mm Hg
- History of structural central nervous system disease
- Significant closed head/facial trauma within the previous 3 months
- Stroke >3 hours or <3 months
- Recent (within 2-4 weeks) major trauma, surgery (including laser eye surgery), GI/GU bleed
- Any history of intracranial hemorrhage
- Bleeding, clotting problem, or blood thinners
- Pregnant female
- Serious systemic disease (eg, advanced cancer, severe liver or kidney disease)

**Step 3**
Is patient at high risk?
If ANY of the following is CHECKED YES, consider transfer to PCI facility.

- Heart rate ≥100/min AND systolic BP <100 mm Hg
- Pulmonary edema (rales)
- Signs of shock (cool, clammy)
- Contraindications to fibrinolytic therapy
- Required CPR

*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

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.