Checklist for Fibrinolytic Therapy

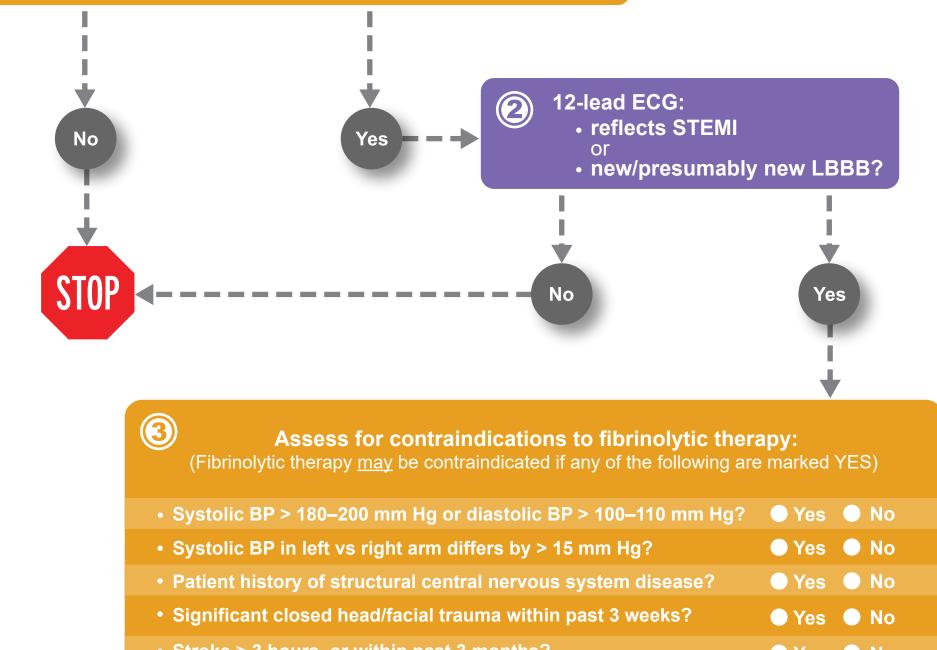


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1Patient has complaints consistent with Acute Coronary Syndrome for > 15 min and < 12 hrs?



• Stroke > 3 hours, or within past 3 months? Yes No • Any major trauma or surgery (including laser eye surgery), Yes No GI/GU bleed within past 4 weeks?

• Any history of intracranial hemorrhage?

	ory of bleeding/clotting problems or patient is taking od thinners?	● Yes ● No
Patient is currently pregnant?		🔵 Yes 🕒 No
	anced cancer or severe liver, kidney, or other serious syst ase?	emic O Yes O No
(Consider transfer to PCI facility if ANY of the following are checked YES)		
 Heart rate ≥ 100 bpm AND systolic BP < 100 mm Hg? 		🔵 Yes 🕒 No
 Signs/symptoms of pulmonary edema? 		🔵 Yes 🕒 No
 Patient shows signs of shock? 		🔵 Yes 🕒 No
• Co	ntraindications to fibrinolytic therapy?	🔵 Yes 🔵 No



If contraindications to fibrinolytic therapy, consider transporting patient to cardiac cath lab for PCI therapy

Yes No

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