Checklist for Thrombolytic Therapy in Uncomplicated Acute ST Elevated Myocardial Infarction (STEMI)

Objective: to start thrombolytic therapy **within 30 minutes** of admission.

Affix patient's sticker here

Date of Admission : _____/_____/_____

Time of Assessment : _ _ _ _:_ _ _ _ hr

1. Assessment of CHEST PAIN

A. **Date of Onset**: ___/___/___

B. **Time of Onset**: _ _: _ _ hr

C. **Time of worst pain**: _ _: _ _hr

D. **Current pain score(0-10)**: ____

E. **Typical pain:** Y / N

2. Diagnostic ECG information

	Yes	No
ST elevation >1mm	☐	☐
If yes, specify leads: ……..		
Assumed new onset LBBB*	☐	☐
Posterior MI (V1-V2: ST depression , tall R, without evidence of RAD or RBBB)	☐	☐
Right Ventricular MI (V4R-V5R ST elevation)	☐	☐
Is there any arrhythmia? Specify……		

3. Assessment

	Yes	No
Acute MI present?	☐	☐

4. Is Initial Management initiated?

	Yes	No
Aspirin 150-300mg crushed or chewed	☐	☐
Sublingual GTN (unless systolic BP <90mmHg)	☐	☐
Oxygen with nasal prongs or mask	☐	☐
IV Morphine (2-5mg) with titration	☐	☐
IV Anti-emetics (Metoclopamide 10mg or Promethazine 25mg)	☐	☐
Clopidogrel 300mg	☐	☐

**Discuss immediately with senior/ Cardiologist on call*

7. Is thrombolysis indicated? – must answer yes to all below!

	Yes	No
Symptoms consistent with AMI >20 mins or < 8 hrs	□	□
ECG evidence of AMI	□	□
No contraindication for thrombolysis	□	□

5. Contra- Indications for thrombolytic therapy

	Yes	No
Previous hemorrhagic stroke at any time or Ischemic stroke <1year	□	□
Known Intracranial neoplasm	□	□
Active Internal Bleeding(does not include menses)	□	□
Suspected Aortic Dissection	□	□
Severe Hypertension on presentation(BP>180/110 mmHg)	□	□
Current use of anti-coagulant in therapeutic dose or known bleeding diathesis?	□	□
Recent Trauma or Major surgery(<2 – 4 weeks)	□	□
Traumatic/ Prolonged CPR(>10 mins)	□	□
Prior exposure to streptokinase(5 days to 2years) or prior allergic reaction	□	□
Pregnancy	□	□
Hypotension(SBP < 90 mmHg)	□	□

8. Need to consult Cardiologist on call? – If YES to any of the following you MUST call!

	Yes	No
Patient presents within working hours (to consider Primary PCI)	□	□
Contra-indication to Streptokinase	□	□
Complicated AMI (e.g. Cardiogenic shock)	□	□
Diagnostic uncertainty	□	□

(in such case, you must send ECG copy to Cardiologist on-call using the ED Registrar's 'AMI smartphone')

Name of Cardiologist on call: _____
(refer to Cardiologist on-call list available in department)

9. Is Thrombolytic therapy started?

Yes□ **No** □

(Dose: IV infusion of Streptokinase 1.5 million units in 100ml of N/S for 1 hr)

Starting Time of Thrombolytic Therapy _ _ _ : _ _ _ **hr**
Completion Time _ _ _ : _ _ _ **hr**

10. Complications During & After Thrombolytic Therapy

	Yes	No
Cardiac Arrhythmias	□	□
Bleedings	□	□
Allergic reaction	□	□
Hypotension	□	□

Name of Doctor in charge: _____ **Signature**:_____
Time of admission : _____ **Ward** : _____