**Reperfusion checklist**

**Clinical Indications**

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| * Checklist to complete when primary thrombolytic therapy might be anticipated for stroke or STEMI. |

**PROCEDURE GUIDELINES**

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| **R-EMR** | **E – EMT** | **A-AEMT** | **P-PARAMEDIC** | **\*\*M-Medical Control \*\*** |

**\*\*\*Higher level providers are responsible for lower level treatments\*\*\***

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| * Perform 12 lead ECG to identify an acute ST-elevation myocardial infarction (STEMI). **OR** * Perform the Cincinnati Stroke Scale Screening Tool to identify an acute stroke * **Complete the Reperfusion Checklist to identify any contraindications to fibrinolysis. Where appropriate, *circle* the contraindication.**     **\_\_\_\_**Yes \_\_\_\_No Onset of symptoms > 3 hrs for stroke or > 6 hrs for STEMI. *List time\_\_\_*  \_\_\_\_\_Yes \_\_\_\_No Systolic blood pressure > 180 mm Hg. *List\_\_\_\_\_\_*  \_\_\_\_\_Yes \_\_\_\_No Diastolic blood pressure > 110 mm Hg. *List\_*\_\_\_\_\_  \_\_\_\_\_Yes \_\_\_\_No Right vs. left arm blood pressure difference of > 15 mm Hg. *List\_\_\_\_\_*  \_\_\_\_\_Yes \_\_\_\_No History of structural CNS disease (tumors, masses, hemorrhage, etc.)  \_\_\_\_\_Yes \_\_\_\_No Significant closed head injury or facial trauma within the previous 3 months.  \_\_\_\_\_Yes \_\_\_\_No Recent (within 6 weeks) major trauma, surgery, (including laser eye  surgery, gastrointestinal bleeding, stroke or severe genital-urinary bleeding.  \_\_\_\_\_Yes \_\_\_\_No Bleeding or clotting disorders, or currently taking blood thinners (Coumadin,  Warfarin, Plavix, Effient, Heparin, or Lovenox).  \_\_\_\_\_Yes \_\_\_\_No CPR performed for more than 10 minutes.  \_\_\_\_\_Yes \_\_\_\_No Current pregnancy.  \_\_\_\_\_Yes \_\_\_\_No Serious systemic diseases such as advanced or terminal cancer or severe  liver or kidney disease.  \_\_\_\_\_Yes \_\_\_\_No Identify if the patient is currently in heart failure or cardiogenic shock  (percutaneous intervention may be more effective**).** Look for pulmonary  edema (extensive pulmonary rales halfway up lung fields) or signs of  hypoperfusion (cool, clammy or hypotensive).   * If any contraindications checked YES are noted using the checklist, and acute stroke or acute STEMI is confirmed by ECG, activate the EMS Stroke plan or STEMI plan for patients ineligible for thrombolysis, or for patients where primary coronary intervention is planned when a transport time to a cath capable facility is <90 minutes. * Note procedural details, responses and time in patient care report (PCR). | **P** |
| * **\*\*** Contact Medical Control for all patients with acute stroke or acute STEMI when either thrombolytic therapy or direct intervention are planned.**\*\*** | **M** |