PHYSICIAN'S THROMBOLYTIC CHECKLIST
Naval Hospital Bremerton
Intensive Care Unit and Department of Emergency Medicine

Inclusion criteria (Check all that apply):

- ☐ Appropriate clinical presentation
- ☐ Symptoms less than 12 hours; consider if > 12 hours and on-going pain
- ☐ ST elevation in 2 contiguous leads consistent with AMI or newly presumed LBBB
- ☐ Clinical presentation of severe Pulmonary Embolism (PE)

Yes	No	**ABSOLUTE CONTRAINDICATIONS**
		Any prior intracranial hemorrhage
		Known structural cerebral vascular lesion (i.e. arteriovenous malformation)
		Known malignant intracranial neoplasm (primary or metastatic)
		Ischemic stroke within 3 months
		Suspected aortic dissection
		Active bleeding or bleeding diathesis (excluding menses)
		Significant closed-head or facial trauma within 3 months
		RELATIVE CONTRAINDICATIONS
		History of chronic, severe, or poorly controlled hypertension
		Severe uncontrolled hypertension on presentation (systolic BP > 180 mmHg or diastolic BP > 110 mm Hg) – *Could be an absolute contraindication without high clinical suspicion of MI*
		History of prior ischemic stroke greater than 3 months previously, dementia, or known intracranial pathology not covered in Absolute Contraindications listed above
		Traumatic or prolonged (> 10 min) CPR or major surgery (within 3 weeks)
		Internal bleeding within the past month.
		Non-compressible vascular punctures
		Pregnancy
		Active peptic ulcer
		Concurrent use of anticoagulants: the higher the INR, the higher the risk of bleeding
		Prior exposure (more than 5 days) or prior allergic reaction to the lytic agent to be used.
		EMERGENT CONSULTS
		Hospitalist consulted:
		Cardiologist consulted (failed thrombolytics / cath lab needed):
Date	Time	_____ _____
		Physician Printed Name Physician Signature

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