

Fibrinolytic Therapy Indications and Contraindications

Indications		Yes	No
Ischemic symptoms < 12 hours			
Evidence of ongoing ischemia 12 to 24 hours after symptom onset and a large area of myocardium at risk of hemodynamic instability			
ECG showing ANY of the following:	ST depression, except if true posterior (inferobasal) MI is suspected or when associated with ST elevation in lead aVR		
	Ischemic ST elevation (>1mm) in 2 or more contiguous leads		
	Hyperacute T waves		
	Signs of acute posterior MI or LBBB obscuring ST segment analysis with MI history		
History of acute coronary syndrome			
Pain/symptoms within the past 24 hours with or without ongoing symptoms			
Absolute Contraindications		Yes	No
Any prior intracranial hemorrhage			
Ischemic stroke within 3 months (except acute ischemic stroke within 4.5 hours)			
Known intracranial neoplasm			
Known structural cerebral vascular lesion (i.e. AVM)			
Active internal bleeding (does not include menses)			
Suspected aortic dissection			
Significant closed head or facial trauma within 3 months			
Intracranial or intraspinal surgery within 2 months			
Severe uncontrolled hypertension (unresponsive to emergency therapy)			
Cautions and Relative Contraindications		Yes	No
History of chronic, severe, poorly controlled hypertension			
Significant hypertension on presentation (SBP >180mmHg or DBP >110mmHg)			
History of prior stroke > 3 months			
Known intracranial pathology not covered in absolute contraindications			
Current warfarin therapy (INR > 2 – 3)			
Known bleeding diathesis			
Current therapy with direct oral anticoagulant (DOAC)			
Traumatic or prolonged (> 10 minute) CPR			
Dementia			
Known intracranial pathology not covered in absolute contraindications			
Major surgery (> 3 weeks)			
Recent (within 2-4 weeks) internal bleeding			
Non-compressible vascular punctures			
Pregnancy			
Active peptic ulcer			
Age > 75 years			

Conclusion: Must choose one

- Patient meets criteria for Fibrinolytic Therapy with (TNKase / Alteplase)
- Patient does not meet criteria for Fibrinolytic Therapy

Comments:

MD/LIP Signature: _____

Date/Time: _____/_____/_____

