



## FIBRINOLYTIC CHECKLIST

Date: \_\_\_\_\_

Base: \_\_\_\_\_

Flight number: \_\_\_\_\_

Crewmember 1: \_\_\_\_\_

Crewmember 2: \_\_\_\_\_

Complete STEPS 1-3. Obtain all of the information below and be prepared to provide the results to Guardian Flight medical control. If you are unable to make contact with medical control and the patient is NOT high risk and has NO contraindications you may proceed with administering TNKase. You must immediately alert medical control via verbal conversation as soon as you can make phone contact. Upload checklist to chart and alert Clinical Managers via email prior to closing chart.

### INCLUSION CRITERIA

#### STEP 1:

Chest pain present for greater than 15 minutes and less than 12 hours?	YES	NO
EKG shows STEMI or presumably new LBBB	YES	NO

IF you answered YES to both questions complete STEP 2 and 3

#### STEP 2:

### CONTRAINDICATIONS

SBP > 180 – 200mmHg or DBP > 100 – 110mmHg	YES	NO
SBP difference > 15mmHg Right vs Left arm	YES	NO
Hx of structural CNS disease	YES	NO
Significant closed head/facial trauma within 3 months	YES	NO
Stroke > 3 hours or < 3 months	YES	NO

