


PACSA STEMI Reperfusion Checklist

	FAMILY NAME		MRN
	GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Facility:	D.O.B. ____/____/____		M.O.
	ADDRESS		
Pathway for Acute Coronary Syndrome Assessment (PACSA) STEMI Reperfusion Checklist			LOCATION / WARD
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE			

Use this Checklist in conjunction with the PACSA STEMI Reperfusion Flowchart NH700423

Reperfusion method	Access to Cath lab within 60 minutes?	
	<input type="checkbox"/> No For Thrombolysis	<input type="checkbox"/> Yes URGENT PCI

Assess for Contraindications to Thrombolysis	<input type="checkbox"/>	Symptoms present more than 12 hours
	<input type="checkbox"/>	BP more than 180/110mmHg: treat BP and reassess
	<input type="checkbox"/>	Major trauma OR surgery OR internal bleeding within one month
	<input type="checkbox"/>	Ischaemic stroke within 3 months OR Intracerebral bleed at any time
	<input type="checkbox"/>	Allergy to tenecteplase
	If any Contraindications transfer for URGENT PCI	
<input type="checkbox"/>	Senior Review if any Relative Contraindication: Ischaemic stroke >3 months OR INR >1.8 OR anticoagulation OR bleeding disorder	

Antiplatelet loading before Thrombolysis	<input type="checkbox"/>	Aspirin 300mg (soluble)	<input type="checkbox"/> already given	<input type="checkbox"/> contraindicated
	<input type="checkbox"/>	Agent	18-74 years	75 years and over
		Clopidogrel	300mg	75mg

Thrombolysis tenecteplase 5mg/mL IV (IV bolus over 10 sec)	Time Given	Weight	18-74 years	75 years and over
		<input type="checkbox"/> Less than 60kg	<input type="checkbox"/> 30mg = 6mL	<input type="checkbox"/> 15mg = 3mL
		<input type="checkbox"/> 60 – 69kg	<input type="checkbox"/> 35mg = 7mL	<input type="checkbox"/> 17.5mg = 3.5mL
		<input type="checkbox"/> 70 – 79kg	<input type="checkbox"/> 40mg = 8mL	<input type="checkbox"/> 20mg = 4mL
		<input type="checkbox"/> 80 – 89kg	<input type="checkbox"/> 45mg = 9mL	<input type="checkbox"/> 22.5mg = 4.5mL
		<input type="checkbox"/> Above 90kg	<input type="checkbox"/> 50mg = 10mL	<input type="checkbox"/> 25mg = 5mL

Anticoagulation after Thrombolysis	Anticoagulation after Thrombolysis			
	EITHER	Enoxaparin	18-74 years	75 years and over
		IV At 15 minutes	30mg IV bolus	No IV dose
	AND SC At 30 minutes	1mg/kg SC (max 100mg)		0.75mg/kg SC (max 75mg)
OR		Heparin At 15 minutes: bolus 60 units/kg (max 4,000 units) then 12 units/kg/hour (max 1,000 units/hour) OR Use local protocol		

Thrombolysis successful?	<input type="checkbox"/>	<input type="checkbox"/> >50% reduction in ST segment	Thrombolysis successful if ALL three features present at 60 minutes
	<input type="checkbox"/>	<input type="checkbox"/> Symptoms largely resolved	
	<input type="checkbox"/>	<input type="checkbox"/> Haemodynamically stable	
<input type="checkbox"/>		Thrombolysis NOT successful URGENT PCI	

Name: _____ Date: ____/____/____

Designation: _____ Signature: _____ Time: _____



Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

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