

PRE-THROMBOLYSIS CHECKLIST

PATIENT INFORMATION



NSW Ambulance Patient Health Care Record/eMR ID Incident Number Date DDMMYY Car Number

Title Patient's Family Name M Date of Birth Patient Postcode F DDMMYY
 Patient's Given Name Patient's Middle Name

CHECKLIST

| | TICK EACH POSITIVE RESPONSE | <input checked="" type="checkbox"/> | COMMENTS |
|----|--|-------------------------------------|----------|
| 1 | The patient has complained of non-traumatic chest pain or other symptoms consistent with acute coronary syndrome/myocardial ischaemia. | <input type="checkbox"/> | |
| 2 | The patient has confirmed that the sustained symptom onset was less than 6 hours ago. | <input type="checkbox"/> | |
| 3 | The patient is conscious and orientated to time, place and person unless immediately post ROSC after <10 minutes of CPR. | <input type="checkbox"/> | |
| 4 | Pulse rate is more than 50 bpm and less than 150 bpm. Systolic BP is less than 180mmHg and Diastolic BP is less than 110mmHg. | <input type="checkbox"/> | |
| 5 | The patient has confirmed that they have not had a previous diagnosed allergy, hypersensitivity or adverse reaction to clot dissolving medication, such as tenecteplase (Metalyse) or to heparin and enoxaparin (Clexane). | <input type="checkbox"/> | |
| 6 | The patient has confirmed that they are not taking warfarin (Coumadin), dabigatran (Pradaxa), rivaroxaban (Xarelto), apixaban (Eliquis) or any other anticoagulant therapy. Antiplatelet medication such as aspirin, clopidogrel (Plavix) and prasugrel (Effient) is not a contraindication. CHECK PATIENT MEDICATIONS. | <input type="checkbox"/> | |
| 7 | The patient has confirmed that they do not have an active or suspected bleeding or known bleeding tendency and has not had recent blood loss (within 4 weeks) except normal menstruation. | <input type="checkbox"/> | |
| 8 | The patient has confirmed that they have not had a GIT bleed or bleeding gastric ulcer within the last 6 months. | <input type="checkbox"/> | |
| 9 | The patient has confirmed that they have not had a stroke, including TIAs, within the last 12 months and does not have a permanent disability from a previous stroke. | <input type="checkbox"/> | |
| 10 | The patient has confirmed that they have not been treated for any serious structural nervous system or brain condition, including cerebral tumor/s. | <input type="checkbox"/> | |
| 11 | The patient has confirmed that they have not had any surgical operation, tooth extractions, significant trauma requiring hospital admission, or head injury within the last 4 weeks. | <input type="checkbox"/> | |
| 12 | The patient has confirmed that she is not pregnant, nor has given birth in the last 2 weeks. | <input type="checkbox"/> | |
| 13 | The patient does not have a confirmed diagnosis of liver failure or renal failure. | <input type="checkbox"/> | |
| 14 | ST Elevation Myocardial Infarction (STEMI) pattern has been confirmed by the STEMI Reading Service from your transmitted 12 Lead ECG. | <input type="checkbox"/> | |

DO NOT initiate the Thrombolysis Procedure unless all boxes are ticked

PROVISION OF INFORMATION TO PATIENT - to be read to the patient exactly as stated

Your ECG (heart tracing) has been transmitted for further review and has identified that you are suffering from a heart attack. Your treatment options include a clot busting medication, TENECTEPLASE, and medications that reduce new clot formation called ENOXAPARIN and CLOPIDOGREL.

The sooner you receive these medications, the lower the risk from the heart attack – which is why doctors recommend that the treatment is started as soon as possible.

The likely benefits of using these medications are much greater than the risks.

Treatment at this stage improves the chances of survival by 20-25% but it can sometimes cause serious side effects. The biggest risk is potentially life-threatening stroke which affects up to 2 patients in every 100 patients. Significant bleeding which is not normally life threatening can occur in about 4 in 100 patients. Some patients also have allergic reactions and other side effects that do not usually cause any major problem.

PATIENT CONSENT

- The paramedic has advised me that I am having a heart attack and has read the information above to me.
- I understand that I will be given an injection of a clot dissolving medication and that this treatment carries some risks and complications as described in the information above.
- I request and consent to the treatment as described above to me.

We wish to follow your progress. To do this we will require access to your hospital record for information relating to this procedure and may also wish to contact you. Your information will be kept strictly confidential.

- I also give permission for NSW Ambulance to access my hospital record for information relating to this procedure and I agree to be contacted. I understand that I can withdraw my permission at any time.

Patient Consent Signature (Patient/Guardian) Patient Decline Signature (Patient/Guardian)
 PRINT NAME SIGNATURE PRINT NAME SIGNATURE

PARAMEDIC DECLARATION

I, Paramedic have read the information above to the patient which informs the patient of their condition, the treatment offered and the potential risks of receiving the thrombolysis treatment.

Paramedic Signature Employee No. PRINT NAME SIGNATURE
 Time of Administration Receiving Hospital Handover Signature
 DATE TIME PRINT NAME SIGNATURE

PATIENT INFORMATION

PATIENT CONSENT

PARAMEDIC & HOSPITAL SIGNATURES

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