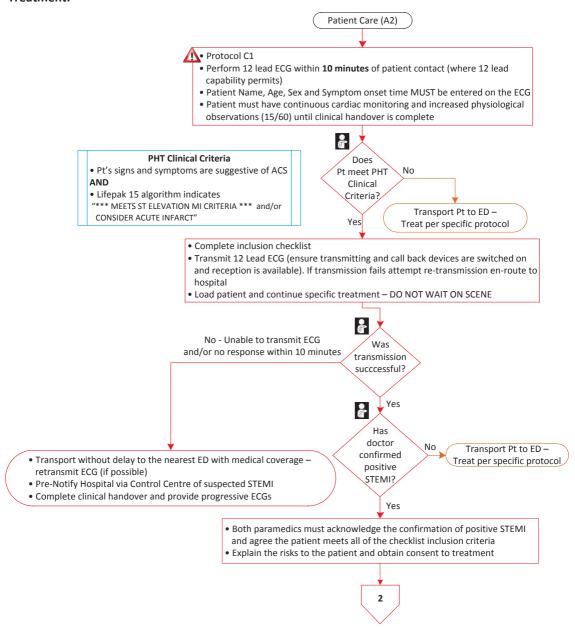
PROTOCOL: C13 CARDIAC REPERFUSION - PRE HOSPITAL THROMBOLYSIS (PHT)

Treatment:



A

If no call back is received following a successful transmission, please notify the cardiovascular team via email:

AMBULANCE-ClinicalStemiTransmission@health.nsw.gov.au Include the following information:

- 1/ Patient's name
- 2/ Time, Date and destination of the ECG transmission

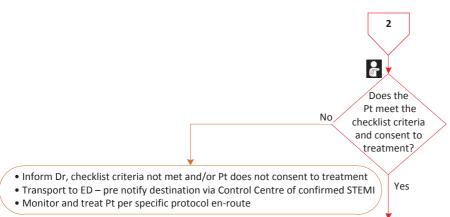


Revised: July 2018

Page 1 of 2

PROTOCOL: C13 CARDIAC REPERFUSION - PRE HOSPITAL THROMBOLYSIS (PHT)

Treatment Continued:



- Administer medications (in order)
 - Clopidogrel (236)
 - Tenecteplase (231)
 - Enoxaparin sodium (232)
- Monitor Pt carefully and repeat physiological observations every 15 minutes

Regularly repeat and document ABCD physical examinations and physiological observations in order to identify trends, clinical deterioration and/or response to treatment

Minimise time on scene

• Transport Pt to hospital (using destination cascade)

Transportation Destination Cascade

- 1st option Hospital with Cardiac Catheter Laboratory
 90 min post thrombolysis
- 2nd option Hospital with Cardiac Services < 90 min post thrombolysis
- 3rd option Nearest ED with medical coverage

Clinical Record

- Paramedics must document the following on the clinical record following 12 lead ECG transmission:
- If phone call was received
- If STEMI was confirmed or not
- Destination: Cardiac Catheter Laboratory or ED

Following every ECG transmission, a copy of the clinical record, PHT Checklist, Consent and ECGs are to be mailed to:

The Cardiac Program

Clinical Services

Locked Bag 105

Rozelle NSW 2039

Or scanned and emailed to: AMBULANCE-ClinicalSTEMItransmission@health.nsw.gov.au

A

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