

# Reperfusion Checklist

## Clinical Indications:

Rapid evaluation of a patient with suspected acute stroke and/or acute myocardial infarction (STEMI) to:

- Determine eligibility and potential benefit from fibrinolysis..
- Rapid identification of patients who are not eligible for fibrinolysis and will require interventional therapy.

	EMR	
B	EMT	B
A	AEMT	A
P	PARAMEDIC	P

## Procedure:

1. Follow the appropriate protocol for the patient's complaint to assess and identify an acute condition which could potentially benefit from fibrinolysis. If a positive finding is noted on one of the following assessments, proceed to step 2.
  - Perform a 12-lead ECG to identify an acute ST elevation myocardial infarction (STEMI).
  - Perform the Los Angeles Pre-hospital Stroke Screen to identify an acute stroke
2. Complete the Reperfusion Check Sheet to identify any potential contraindications to fibrinolysis. (See Appendix)
  - Systolic Blood Pressure greater than 180 mm Hg
  - Diastolic Blood Pressure greater than 110 mm Hg
  - Right vs. Left Arm Systolic Blood Pressure difference of greater than 15 mm Hg
  - History of structural Central Nervous System disease (age  $\geq$  18, history of aneurysm or AV-malformation, tumors, masses, hemorrhage, etc.)
  - Significant closed head or facial trauma within the previous 3 months
  - Recent (within 6 weeks) major trauma, surgery (including laser eye surgery), gastrointestinal bleeding, or severe genital-urinary bleeding
  - Bleeding or clotting problem or on blood thinners
  - CPR performed greater than 10 minutes
  - Currently Pregnant
  - Serious Systemic Disease such as advanced/terminal cancer or severe liver or kidney failure.
3. Identify if the patient is currently in heart failure or cardiogenic shock. For these patients, a percutaneous coronary intervention is more effective.
  - Presence of pulmonary edema (rales greater than halfway up lung fields)
  - Systemic hypoperfusion (cool and clammy)
4. If any contraindication is noted using the check list and an acute Stroke is suspected by exam or a STEMI is confirmed by ECG, activate the EMS Stroke Plan or EMS STEMI Plan for fibrinolytic ineligible patients. This may require the EMS Agency, an Air Medical Service, or a Specialty Care Transport Service to transport directly to a specialty center capable of interventional care within the therapeutic window of time.
5. Record all findings in the Patient Care Report (PCR).

## Certification Requirements:

Maintain knowledge of the indications, contraindications, technique, and possible complications of the procedure. Assessment of this knowledge may be accomplished via quality assurance mechanisms, classroom demonstrations, skills stations, or other mechanisms as deemed appropriate by the local EMS System.