



# Reperfusion Checklist



The Reperfusion Checklist is an important component in the initial evaluation, treatment, and transport of patients suffering from an acute ST-elevation myocardial infarction (STEMI) or acute Stroke. Both of these conditions can be successfully treated using fibrinolysis (thrombolytics) if the patient arrives at the appropriate hospital within the therapeutic window of time.

This form should be completed for all acute STEMI and acute Stroke patients.

Patient's Name: \_\_\_\_\_

PCR Number: \_\_\_\_\_ Date: \_\_\_\_\_

**1. Has the patient experienced chest discomfort for greater than 15 minutes and less than 12 hours?**

Yes     No

**2. Has the patient developed a sudden neurologic deficit with a positive Los Angeles Prehospital Stroke Screen?**

Yes     No

**3. Are there any contraindications to fibrinolysis?**

If any of the following are checked "Yes", fibrinolysis MAY be contraindicated.

- Yes     No    Systolic Blood Pressure greater than 180 mm Hg
- Yes     No    Diastolic Blood Pressure greater than 110 mm Hg
- Yes     No    Right vs. Left Arm Systolic Blood Pressure difference of greater than 15 mm Hg
- Yes     No    History of structural Central Nervous System disease (tumors, masses, hemorrhage, etc.)
- Yes     No    Significant closed head or facial trauma within the previous 3 months
- Yes     No    Recent (within 6 weeks) major trauma, surgery (including laser eye surgery), gastrointestinal bleeding, or severe genital-urinary bleeding
- Yes     No    Bleeding or clotting problem or on blood thinners
- Yes     No    CPR performed greater than 10 minutes
- Yes     No    Currently Pregnant
- Yes     No    Serious Systemic Disease such as advanced/terminal cancer or severe liver or kidney failure.

**4. (STEMI Patients Only) Does the patient have severe heart failure or cardiogenic shock?**

These patients may benefit more from a percutaneous coronary intervention (PCI) capable hospital.

- Yes     No    Presence of pulmonary edema (rales greater than halfway up lung fields)
- Yes     No    Systemic hypoperfusion (cool and clammy)

**If any contraindication is checked as "Yes" 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 an specialty center capable of interventional care within the therapeutic window of time.**