

Agency: \_\_\_\_\_

Patient ID: \_\_\_\_\_

DOB: \_\_\_\_\_



# REPERFUSION CHECKLIST for Evaluation of the Patient with STEMI

## STEP 1

Has patient experienced chest discomfort for greater than 15 minutes and less than 12 hours?

YES

NO

## STEP 2

Are there contraindications to fibrinolysis?  
If ANY of the below are checked "Yes," fibrinolysis is **contraindicated**  
Consider direct transport to PPCI capable facility where feasible

STOP

YES	NO	ABSOLUTE CONTRAINDICATIONS:	YES	NO	ABSOLUTE CONTRAINDICATIONS:
		Any prior intracerebral hemorrhage			Active bleeding or bleeding diathesis (excluding menses)
		Known structural cerebral vascular lesion (eg, arteriovenous malformation)			Significant closed-head or facial trauma within 3 months
		Known malignant intracranial neoplasm (primary or metastatic)			Intracranial or intraspinal surgery within 2 months
		Ischemic Stroke within 3 months EXCEPT acute ischemic stroke within 4.5 hours			Severe uncontrolled hypertension (unresponsive to emergency therapy)
		Suspected aortic dissection			For streptokinase, prior treatment within the previous 6 months