**Contraindications for fibrinolytic use in STEMI consistent with “Thrombolytic Therapy and Balloon Angioplasty in Acute ST Elevation Myocardial Infarction (STEMI)” at Agency for Healthcare Research and Quality National Guideline Clearinghouse (www.Guidelines.gov).**

***Consider transport to primary PCI facility as destination hospital.***
Fibrinolytic Therapy for STEMI

Contraindications for fibrinolytic use in STEMI consistent with ACC/AHA 2007 Focused Update*

- **Absolute Contraindications**
  - Any prior intracranial hemorrhage
  - Known structural cerebral vascular lesion (e.g., arteriovenous malformation)
  - Known malignant intracranial neoplasm (primary or metastatic)
  - Ischemic stroke within 3 months **EXCEPT** acute ischemic stroke within 3 hours
  - Suspected aortic dissection
  - Active bleeding or bleeding diathesis (excluding menses)
  - Significant closed head trauma or facial trauma within 3 months

- **Relative Contraindications**
  - History of chronic, severe, poorly controlled hypertension
  - Severe uncontrolled hypertension on presentation (SBP >180 mm Hg or DBP >110 mm Hg) *****
  - History of prior ischemic stroke >3 months, dementia, or known intracranial pathology not covered in contraindications
  - Traumatic or prolonged (>10 minutes) CPR or major surgery (<3 weeks)
  - Recent (within 2 to 4 weeks) internal bleeding
  - Noncompressible vascular punctures
  - For streptokinase/anistreplase: prior exposure (>5 days ago) or prior allergic reaction to these agents
  - Pregnancy
  - Active peptic ulcer
  - Current use of anticoagulants: the higher the INR, the higher the risk of bleeding

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http://circ.ahajournals.org/content/122/18_suppl_3/S787

** Viewed as advisory for clinical decision making and may not be all-inclusive or definitive.

*** Could be an absolute contraindication in low-risk patients with myocardial infarction.

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