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

Does ECG show STEMI or new or presumably new LBBB?

Are there contraindications to fibrinolysis? If ANY one of the following is checked YES, fibrinolysis MAY be contraindicated. **

- Systolic BP >180 to 200 mm Hg or diastolic BP >100 to 110 mm Hg
- Right vs left arm systolic BP difference >15 mm Hg
- History of structural central nervous system disease
- Significant closed head/facial trauma within the previous 3 months
- Stroke >3 hours or <3 months
- Recent (within 2-4 weeks) major trauma, surgery (including laser eye surgery), GI/GU bleed
- Any history of intracranial hemorrhage
- Bleeding, clotting problem, or blood thinners
- Pregnant female
- Serious systemic disease (eg, advanced cancer, severe liver or kidney disease)

Is patient at high risk? If ANY one of the following is checked YES, consider transfer to PCI facility.

- Heart rate ≥100/min AND systolic BP <100 mm Hg
- Pulmonary edema (rales)
- Signs of shock (cool, clammy)
- ***Contraindications to fibrinolytic therapy
- Required CPR


*** Consider transport to primary PCI facility as destination hospital.


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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.