Government of **Western Australia**
Department of **Health**

WA Country Health Service - Kimberley

_____Hospital

THROMBOLYSIS CHECKLIST

Surname	MRN	
Given Name	DOB	Sex
Address		Post Code

THIS FORM IS TO BE COMPLETED BY THE TREATING DOCTOR, DOUBLE CHECKED AND SIGNED BY NURSE

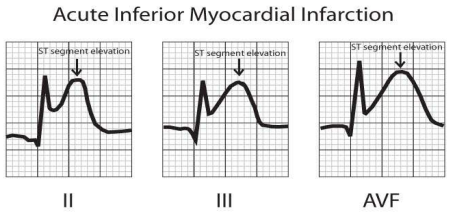
Age:	**Weight:**	**Blood Pressure:**	
Heart Rate:	**Regular: Yes ☐ No☐**		
Respiratory Rate:	**Oxygen Saturation:**	**Oxygen Yes ☐ No ☐**	**Rate:**

Criteria for Thrombolysis

I. Cardiac Chest Pain: Yes ☐ No ☐ If yes, duration:

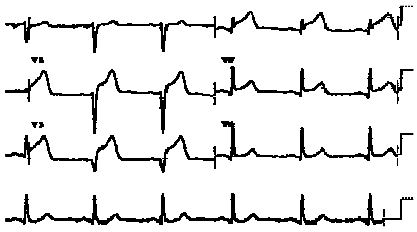
II. ST Segment Elevation in 2 consecutive leads: Yes ☐ No ☐

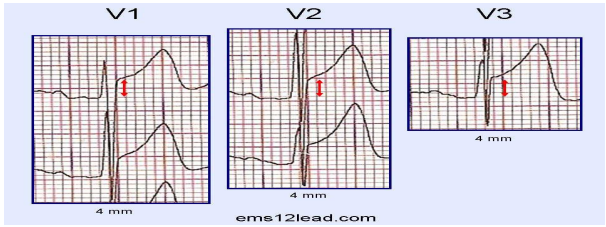
≥ 1mm in limb leads:



Lead I: ☐ Lead II: ☐ Lead III: ☐ Lead aVl: ☐ Lead aVf: ☐

≥ 2mm in chest leads:

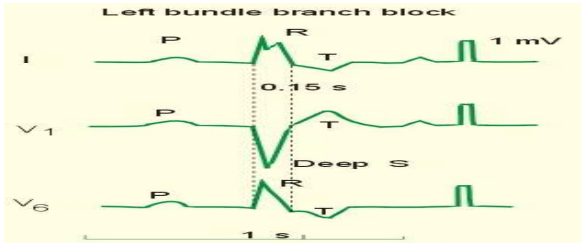




Lead V1: ☐ Lead V2: ☐ Lead V3: ☐ Lead V4: ☐ Lead V5: ☐ Lead V6: ☐

III. Recent onset of Left Bundle Branch Block: Yes ☐ No ☐

- Broad R wave in Lead I and V6 without Q waves



DIAGNOSIS:

CONSIDER THE FOLLOWING QUESTIONS CAREFULLY

1. Has the ECG been reviewed by a Cardiologist? Yes ☐ No ☐
   - During business hours: WA Cardiology (08) 9366 1888
   - After hours Royal Perth Hospital (08) 9224 2244

2. Does the patient meet the criteria for Thrombolysis? Yes ☐ No ☐

If the answer to any of the above questions is "No"
DO NOT ADMINISTER THE MEDICATION

Author: SMO Fitzroy Crossing. Authorised by: Regional Patient Safety and Quality Network; Version 1; Feb 2012

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Surname	MRN	
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Absolute Contraindications	
RISK OF BLEEDING	
• Active bleeding or bleeding diathesis (excluding menses)	Yes ☐ No ☐
• Significant closed head or facial trauma within 3 months	Yes ☐ No ☐
• Suspected aortic dissection (including new neurological symptoms)	Yes ☐ No ☐
RISK OF INTRACRANIAL HAEMORRHAGE	
• Any prior intracranial haemorrhage	Yes ☐ No ☐
• Ischaemic stroke within 3 months	Yes ☐ No ☐
• Known structural cerebral vascular lesion (e.g. arteriovenous malformation)	Yes ☐ No ☐
• Known malignant intracranial neoplasm (primary or metastatic)	Yes ☐ No ☐
Relative contraindications	
RISK OF BLEEDING	
• Current use of anticoagulants: the higher the INR the higher the risk of bleeding	Yes ☐ No ☐
• Non-compressible vascular punctures	Yes ☐ No ☐
• Recent major surgery (within 3 weeks)	Yes ☐ No ☐
• Traumatic or prolonged (longer than 10 minutes) CPR	Yes ☐ No ☐
• Recent (within 4 weeks) internal bleeding (eg gastrointestinal or urinary tract haemorrhage)	Yes ☐ No ☐
• Active peptic ulcer	Yes ☐ No ☐
RISK OF INTRACRANIAL HAEMORRHAGE	
• History of chronic, severe, poorly controlled hypertension	Yes ☐ No ☐
• Severe uncontrolled hypertension on presentation (>180 mm Hg systolic or >110 mm Hg diastolic)	Yes ☐ No ☐
• Ischaemic stroke more than 3 months ago, dementia, or known intracranial abnormality not covered in absolute contraindications	Yes ☐ No ☐
Other	
• Pregnancy	Yes ☐ No ☐

If the answer to any of the above questions is "YES"
DO NOT ADMINISITER UNLESS DISCUSSED WITH CARDIOLOGIST

Have the complications and risks been explained to the patient?	Yes ☐ No ☐
Has consent been obtained?	Yes ☐ No ☐
Has a colleague been called in?	Yes ☐ No ☐

Dr Name:	Nurse Name:
Dr Sign:	Nurse Sign:
Date:	Time:

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WACHS KIMBERLEY – MRK4 THROMBOLYSIS CHECKLIST