### Thrombolysis checklist STEMI

<table>
<thead>
<tr>
<th>NHS Number</th>
<th>District Number</th>
<th>Name</th>
<th>Address</th>
<th>Dob</th>
</tr>
</thead>
</table>

#### Indications

1. History suggestive of acute MI  
2. Onset of symptoms within last 12 hours  
3. ECG confirmation of MI (ST elevation>1mm in contiguous limb leads or chest leads, ST depression V1-V4 with R wave V1-V2 (true posterior infarct))  
4. Circle Yes if there are no absolute contra-indications (see below)  
5. Circle Yes if there are no relative contra-indications (see below)  
6. Counselling on stroke risk (approx. 1%) and consent given

#### Absolute contra-indications to thrombolysis

1. Previous intracranial haemorrhage or stroke of unknown origin at any time  
2. CNS damage  
3. Intracranial tumour or AVM  
4. Recent major trauma/surgery/head injury within last 2 weeks  
5. Gastrointestinal bleeding in last month  
6. Known bleeding disorder (excluding menses)  
7. Suspected Aortic dissection  
8. Non compressible punctures in past 24 hours (eg liver biopsy, lumbar puncture)  
9. Active internal bleeding  
10. Hypersensitivity to tenecteplase  
11. Pregnancy or 1 week post partum

#### Relative contra-indications to thrombolysis

1. TIA or ischaemic stroke in last 3 months  
2. Warfarin therapy (check INR < 2 ) the higher the INR the greater the risk  
3. DOAC-eg edoxaban, rivaroxaban, apixaban, dabigatran-consider when was last dose-seek senior advice  
4. Refractory hypertension systolic > 180mmHg, Diastolic > 110mmHg-control prior to thrombolysis  
5. Advanced liver disease  
6. Infective endocarditis  
7. Active peptic ulcer  
8. Prolonged or Traumatic resuscitation (> 10mins)  
9. GI Bleed last 6 month  
10. Bleeding Diathesis  
11. Hypertensive/diabetic retinopathy with Haemorrhage  
12. Serious systemic disease

#### Minor contra-indications to thrombolysis

1. Retinal Neoplasm  
2. Recent laser treatment  
3. History of hypertension
**Actions**

If Yes to questions 1-6 start thrombolysis

Where there is an absolute contra-indication do not give thrombolysis

Where there is doubt about the indications/relative contraindications are present the risks and benefits of treatment should be sought from Registrar/Consultant

**Signature ..........................................................**  **Print name ..........................................................**

**Designation ..........................................................**  **Date ...............................................................**  **Time .................................**

**Treatment/Thrombolysis (Prescribe on JAC)**

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Dose</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin</td>
<td>300mg</td>
<td></td>
</tr>
<tr>
<td>Tenecteplase</td>
<td>Dose</td>
<td>Time</td>
</tr>
<tr>
<td>Ticagel/clopidogrel</td>
<td>Dose</td>
<td>Time</td>
</tr>
<tr>
<td>Fondaparinux</td>
<td>2.5mg iv stat</td>
<td>Time</td>
</tr>
</tbody>
</table>

**No Thrombolysis given because**

- Too late (12hrs) ...........................................
- Diagnosis uncertain .................................
- Non qualifying ECG .................................
- Other (specify) ........................................

**Tenecteplase dosing information for thrombolysis in STEMI**

<table>
<thead>
<tr>
<th>Weight</th>
<th>Tenecteplase Dose in units</th>
<th>Tenecteplase dose in mg</th>
<th>Volume of reconstituted solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;60kg</td>
<td>6000 units</td>
<td>30mg</td>
<td>6ml</td>
</tr>
<tr>
<td>60-69kg</td>
<td>7000 units</td>
<td>35mg</td>
<td>7ml</td>
</tr>
<tr>
<td>70-79kg</td>
<td>8000 units</td>
<td>40mg</td>
<td>8ml</td>
</tr>
<tr>
<td>80-89kg</td>
<td>9000 units</td>
<td>45mg</td>
<td>9ml</td>
</tr>
<tr>
<td>&gt;90kg</td>
<td>10000 units</td>
<td>50mg</td>
<td>10ml</td>
</tr>
</tbody>
</table>

*Low body weight increases the risk of bleeding as does increasing age. Consider using half dose if patient over 75yrs

**Adjunctive therapy for Tenecteplase in STEMI**

Antithrombotic adjunctive therapy with platelet inhibitors and anticoaguants should be administered for the management of patients with ST-elevation myocardial infarction.

Currently the anticoagulant therapy of choice for tenecteplase patients is fondaparinux unless the patient may need subsequent PCI, is on therapeutic anticoagulation or has CrCl <20ml/min where i/v heparin should be used.

For patients already receiving heparin treatment, the initial bolus should not be given. The infusion rate should be adjusted to maintain an aPTT of 50-75 seconds (1.5 to 2.5 times control or a heparin plasma level of 0.2 to 0.5units/ml).

See also Intravenous Therapeutic Dose Heparin Guidelines for Adults

**Fondaparinux dose in ST Elevation MI (STEMI)**

Treatment of STEMI in patients who are to be managed with thrombolitics or who are to receive no other form of reperfusion therapy

**Dose:** Fondaparinux 2.5mg by i/v injection for the first day followed by 2.5mg s/c once daily for up to 8 days or until discharge (administer immediately prior to thrombolysis)

**IV administration of fondaparinux (1st dose only)**

As the first dose is i/v this should be via an injectable bung connected to the i/v cannula via a swan lock needle-free connector or using a small volume (25-50ml) minibag.