Fibrinolytic Risk Assessment

Purpose: To determine if a patient meets the criteria for fibrinolytic therapy.

Procedure: Complete sections A-C by asking the patient or informed bystanders/relatives the questions. Notify medical control of findings during patient report and deliver this form to the treating MD/RN on arrival to the hospital. If the patient meets criteria, Initiate RAPID transport immediately and perform all ALS interventions Enroute to the hospital.

Section A: Inclusion Criteria. (Check for **Yes** answer)

____The patient is at least 18 years old.
____Suspected Ischemic CVA with Measurable neurologic deficit or Suspected Acute Myocardial Infarction.
____Time of symptom onset is WELL ESTABLISHED at LESS than 3 hours before treatment would begin.

Section B: Exclusion Criteria (Check for **NO** answer)

____Suspected Intracranial or Subarachnoid Hemorrhage as supported by signs and symptoms.
____History of Intracranial Hemorrhage.
____Known Arteriovenous Malformation, Neoplasm, or Aneurysm.
____Witnessed Seizure at time of Symptom Onset.
____Active Internal Bleeding or Acute Trauma (Fracture)
____History of Intracranial or Intraspinal Surgery WITHIN last 3 months.
____History of Serious Head Trauma or Previously Diagnosed CVA WITHIN last 3 months.
____Arterial Puncture at a NON-compressible site WITHIN last 7 days.

Section C: Relative Contraindications/Precautions (Check for **NO** answer)
*Patients **MAY** still receive Fibrinolytic therapy, **Review with Medical Control.***

____Minor OR Rapidly Improving Symptoms (Clearing Spontaneously)
____ANY Major Surgery or Serious trauma WITHIN 14 Days.
____Gastrointestinal Bleeding OR Urinary Tract Hemorrhage WITHIN past 21 Days.
____Recent Acute Myocardial Infarction WITHIN past 3 months.
____Post-Myocardial Infarction Pericarditis.
____Abnormal Blood Glucose Level. (Less than 50mg/dcl or Greater than 400mg/dcl)

Patient Demographics: Name:________________________________ DOB:_______________

Run #:___________ Today's Date:____________