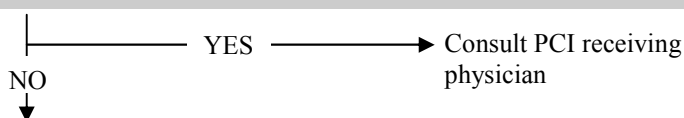


Reperfusion Checklist – Goal: Door to needle time within 30 minutes

Has patient experienced chest discomfort for greater than 12 hours?



Are there contraindications to fibrinolysis (see page 1)?



Primary Drug Treatment Plan

Fibrinolytic should be given in a dedicated IV line. Flush line before and after administration of medication

- Tenecteplase (TNKase) IV over 5 seconds: (If unable to give TNKase, give Reteplase per alternative drug plan below)

| Patient Weight | | TNKase Reconstituted | |
|----------------|-------------|----------------------|--------|
| kg | lbs | mg | Volume |
| <60 | <132 | 30 | 6 |
| 60 to <70 | 132 to <154 | 35 | 7 |
| 70 to <80 | 154 to <176 | 40 | 8 |
| 80 to <90 | 176 to <198 | 45 | 9 |
| ≥90 | ≥198 | 50 | 10 |

- Enoxaparin (Lovenox): (If unable to give Lovenox, give Heparin per alternative drug plan below)

| Patient Age | Dose |
|-------------|--|
| < 75 | 30 mg IV plus 1 mg/kg SC (maximum dose 100 mg) |
| > 75 | No bolus. 0.75 mg/kg SC (maximum dose 75 mg) |

- If O2 sat <94% apply Oxygen at 4L/min and titrate to maintain O2 sat between 94-99%

- Aspirin 324 mg PO chewable times 1 dose (if not already given)

- Clopidogrel (Plavix) 300 mg PO loading dose

- Repeat EKG 30 minutes after fibrinolytics administration if possible

Alternative Drug Plan

- Reteplase (Retavase) 10 Units IV over 2 minutes x 2 at 30-minute intervals

1st dose given at: _____ 2nd dose given at: _____

- Unfractionated Heparin bolus 60 IU/kg IV (maximum 4,000 IU) **plus**

Continuous infusion 12 IU/kg/h (maximum initial rate of 1,000 IU) to achieve Activated Partial Thromboplastin time (APTT) 1.5 to 2 times control, maintained for 48 hours

Ensure transport agency will accept Heparin Drip during patient transport to PCI hospital

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