

Appendix 4 - Thrombolysis Protocol for STEMI

Patient Name	
DOB	
URN	

Both of these features must be present	<input checked="" type="checkbox"/>
Symptoms of myocardial ischaemia	
Onset within the prior 12 hours (or up to 24 hours if symptoms of ischaemia persist)	
And one of the following must be present	<input checked="" type="checkbox"/>
ST segment elevation of >0.1 mV (usually 1 mm) in at least two adjacent limb leads	
ST segment elevation of >0.2 mV (usually 2 mm) in at least two contiguous chest leads	
New (or presumed new) left bundle branch block	
True posterior MI*	

* Posterior MI is notorious for the absence of definitive ECG changes. ST segment depression in leads V2 and V3, particularly in the context of concomitant inferior and/or lateral ST segment elevation, should suggest posterior MI, where the clinical syndrome fits. If the changes are inconclusive, an echocardiogram may help.

Absolute Contraindications	<input checked="" type="checkbox"/>
Any previous intracranial haemorrhage	
Ischaemic stroke within 6 months	
Central nervous system damage or neoplasms or atrioventricular malformation	
Recent major trauma/surgery/head injury within 3 weeks	
Gastrointestinal bleeding within the past month	
Known bleeding disorder (excluding menses)	
Aortic dissection	
Non-compressible punctures in the past 24hours (e.g. liver biopsy, lumbar puncture)	
Acute pancreatitis	
Relative contraindications	<input checked="" type="checkbox"/>
Transient ischaemic attack within 6 months	
Oral anticoagulant therapy	
Pregnancy or within 1 week postpartum	
Refractory hypertension (systolic >180 mmHg; diastolic >110 mmHg) despite treatment	
Advanced liver disease	
Infective endocarditis	
Active peptic ulcer	
Traumatic or prolonged CPR	

If not contraindicated give **Tenecteplase (TNK)** 500-600 micrograms per kilogram (max 50mg) over 10 seconds (1% risk of intracranial haemorrhage, 5-10% risk of major bleeding)

Weight (Kg)	TNK (units)	TNK (mg)	Volume (mls)
<60	6000	30	6
60-70	7000	35	7
70-80	8000	40	8
80-90	9000	45	9
>90	10000	50	10

TNK should be followed by one or two doses of enoxaparin dependant on age:

Under 75: An initial IV bolus of enoxaparin 30mg followed by a s/c abdominal injection of enoxaparin 1 mg / kg (max 100mg for first two doses, continued bd until PCI or hospital discharge, up to a maximum of 8 days)

Over 75: a s/c abdominal injection of enoxaparin 750micrograms/Kg (max 75mg for first two doses, continued bd until PCI or hospital discharge, up to a maximum of 8 days)

Additional Medications	<input checked="" type="checkbox"/>	If not given, please give reason
Aspirin 300mg Stat then 75mg od		
Clopidogrel 300mg Stat then 75mg od		
Statin (eg. Atorvastatin 80mg od)		
ACE inhibitor (e.g. Ramipril 2.5mg od)		
Betablocker (e.g. Bisoprolol 1.25 - 2.5mg od)		

Clinician Name		Clinician Signature		Date	
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