THROMBOLYTIC CANDIDATES FORM

Patient Name: _________________________  Date: ___________________

Check each finding in the boxes below. If all [Yes] in the Inclusion Criteria and ECG indicates ST elevation or LBBB, reperfusion therapy with thrombolysis or primary PTCA may be indicated. Thrombolysis is, at times, still indicated when [Yes] boxes are checked in the Exclusion Criteria. The final decision is made by the physician.

INCLUSION CRITERIA
☐ Y ☐ N  Is patient 18 years or older?
☐ Y ☐ N  Is ischemic discomfort ≥ 30 min, but < 12 hrs?
☐ Y ☐ N  Is ST elevation > 1mm in ≥ 2 continuous limb leads or ST elevation ≥ 2mm in > 2 contiguous precordial leads or presumed LBBB?

EXCLUSION CRITERIA
☐ Y ☐ N  Is there a history of stroke or TIA at any time in the past?
☐ Y ☐ N  Has patient had an intracranial neoplasm, arteriovenous malformation, aneurysm, stroke, or CPA within one year?
☐ Y ☐ N  Has patient had major surgery, trauma (including CPR ≥ 2 min) or internal bleeding within the past 4 weeks?
☐ Y ☐ N  Does patient have one reliable BP with systolic > 188 or diastolic >110?
☐ Y ☐ N  Is patient in cardiogenic shock or pulmonary edema requiring incubation?
☐ Y ☐ N  Does patient have a known bleeding condition or active bleeding ulcers?
☐ Y ☐ N  Has patient used an oral anticoagulant in the past 3 days?
☐ Y ☐ N  Does patient have signs/symptoms consistent with aortic dissection?
☐ Y ☐ N  Has patient used amphetamines or other illicit drugs in the past 3 days?
☐ Y ☐ N  Is the patient pregnant?
☐ Y ☐ N  Does the patient have any serious illness?

High Risk Patient
☐ Y ☐ N  Systolic BP < 90 MmHg
☐ Y ☐ N  Pulmonary edema (rales > ½ way up and dyspnea)
☐ Y ☐ N  Shock
☐ Y ☐ N  Heart rate ≥ 120 bpm
☐ Y ☐ N  Was an EKG done?

PATIENT INFORMATION  TREATMENT DATA
BP Right Arm ______________  Continuous chest pain began: ______________
BP Left Arm ______________  Arrival at scene: ______________
Stated Weight ______________  Began transport: ______________
Stated Height ______________  Arrival to clinic: ______________

ASA administered: ______________
TNKase: ______________
Heparin: ______________
<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>Intervention Time</th>
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<tbody>
<tr>
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<td>1. Place patient in appropriately monitored bed.</td>
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<td>2. Apply cardiac monitor. If 5 lead cable, place in lead which best indicates area of infarct or area where possible extension of MI may occur.</td>
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<td>3. Obtain stated height and weight.</td>
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<td>4. Administer ASA, preferable in chewable form as ordered.</td>
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<td>5. Start 2 large bore IV sites, one preferable being twin cath with double lumen while avoiding non-compressible site.</td>
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<td>6. Minimize venous and arterial punctures, avoid non-compressible sites.</td>
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<td>7. Avoid IM injections.</td>
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<td>8. Reconstitute TNKase as follows:</td>
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<td>With the red hub cannula device aseptically inject sterile water for injection (SWFI) directly into the powder.</td>
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<td>Gently swirl (DO NOT SHAKE) until contents are completely dissolved (could be several minutes to dissolve).</td>
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<td>9. Once appropriate dose of TNKase (see below) is withdrawn into the syringe, stand the shield vertical on a flat surface (green side down and passively recap the red hub cannula.</td>
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<td>10. Administer TNKase as a single bolus over 5 sec. in a line containing NS only (Dextrose containing lines should be flushed with NS pre and post TNKase) as ordered by the physician. Usual dosage is as follows:</td>
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<td>11. Flush line with NS post infusion to insure complete delivery of dosage.</td>
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<td>12. Discard vial of any used portion of TNKase.</td>
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<td>13. Administer weight based Heparin per orders (MUST BE WEIGHT BASED DOSAGE, &gt; 67 kg given 4000U bolus, &gt; 67 kg give 5000U bolus protocol).</td>
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THROMBOLYSIS CONSENT FORM

DATE: _______________ TIME: _______________

PURPOSE AND BENEFITS:

Heart attacks are usually due to blood clots in one or more arteries in the heart, which stop the supply of oxygen rich blood to the heart muscle. The blockage causes pain and will probably result in permanent damage to the heart.

The purpose of this treatment is to obtain the benefit of a clot-dissolving drug, TNKase. It is anticipated that this therapy will reduce the extent of heart muscle damage if it is initiated soon enough after the beginning of symptoms.

RISKS AND DISCOMFORTS:

TNKase, the clot dissolving drug, causes abnormal bleeding in a small percentage of patients. This may require transfusions or stopping treatment. Irregular heart rhythms may occur as a result of treatment. As with any drug, there may be allergic side effects, or other side effects including death.

I authorize the San Juan County Paramedic under the direction of Dr. Michael Sullivan to administer this drug for my treatment.

I certify that this consent has been fully explained to me, that I have read it or have had it read to me, and that I understand its contents.

Patient signature: _______________________________________
Caregiver signature: _______________________________________
Witness: _________________________________________________

If patient is unable to sign:

Authorized representative signature: ____________________________
Relationship to patient: _______________________________________
Patient unable to sign because: