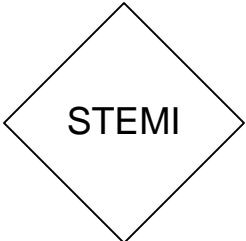
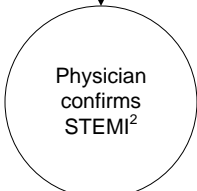


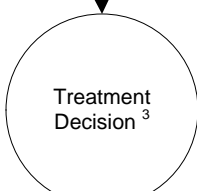
**Time Goals for Prehospital Fibrinolysis**  
 First contact → ECG 10 min  
 ECG → Decision 10 min  
 Decision → Drug 10 min  
 First contact → Rx administration 30 min  
 First contact → Transport 40 min



PCP ICP	ACP/CCP Intercept
All	Transmit ECG <sup>1</sup> Complete Reperfusion Checklist
All	Establish one (1) IV and one (1) Lock preferably in the same arm



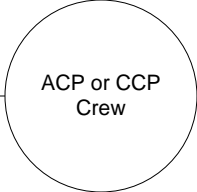
All Protocol 6229:  
Chest Pain  
Suspected Cardiac Origin



All Transport <sup>9</sup>  
Follow Procol 6228.99.03.01

Patient Weight* (kg)	TNKase (mg)	mL of Reconstituted TNKase*
<60	30	6
>60 to <70	35	7
>70 to <80	40	8
>80 to <90	45	9
>90	50	10

Prehospital Fibrinolysis



PCP ICP Transport to closest EHCF  
Consider ACP intercept if available<sup>10</sup>  
Follow Protocol 6228.99.03.01

- TNK <sup>4</sup>
- Enoxaparin <sup>5</sup>
- Clopidogrel <sup>6</sup>
- NTG <sup>7</sup> +/- Morphine pm <sup>8</sup>
- Transport to appropriate HCF as directed

1. If unable to transmit after two attempts, continue conventional treatment and initiate early transport and communication to receiving ED.
2. If 'ECG to Decision' interval exceeds 10 minutes then proceed with transport to closest healthcare facility (HCF)
3. Select reperfusion strategy (prehospital lysis vs. ED lysis vs. PCI)
  - Step 1: Assess Time: From onset of symptoms to fibrinolysis must be less than 12 hours for prehospital consideration.
  - Step 2: Determine disposition prehospital fibrinolysis vs. PCI vs. transport to ED for further assessment
4. TNK dose to be weight adjusted - see Appendix A.
5. Enoxaparin dosing is age and weight based.
  - Age 75 or greater: 0.75 mg / kg (max dose = 75 mg) subcutaneous injection in lateral abdomen
  - Age 74 or younger: 30 mg IV bolus + 1 mg/kg (max dose = 100 mg) subcutaneous injection in lateral abdomen
6. Clopidogrel dosing is age based:
  - Age 75 or greater: 75 mg PO
  - Age 74 or younger: 300 mg PO
7. NTG - up to 3 doses only and if patient remains stable (SBP > 90 and HR between 50 and 100 bpm).
8. Be cautious with Morphine dosing (2.5 mg increments)
9. Transport to closest HCF capable of ED Lysis, or destination directed by ED physician; notify ED of ETA; print 'STEMI Decision' ECG for handover to ED
10. Consider ACP intercept if intercept is faster than closest ED arrival.