



Appendix 1

**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

Appendix to: Khan AA, Williams T, Savage L, et al. Pre-hospital thrombolysis and transfer in ST-segment elevation myocardial infarction: a regional Australian experience. *Med J Aust* 2016; 205: 121-125. doi: 10.5694/mja15.01336.

Figure 1. The 14-point pre-thrombolysis checklist used by the paramedics before pre-hospital thrombolysis. The thrombolytic therapy is not administered if any of these criteria are not fulfilled. ST-segment elevation myocardial infarction patients not meeting these criteria are transferred immediately for primary percutaneous coronary intervention.

PRE-THROMBOLYSIS CHECKLIST																																															
 Ambulance Service of New South Wales																																															
Patient Health Care Record Incident Number Date (DD/MM/YY) Car Number Title Patient's Family Name M Date of Birth Patient Postcode Patient's Given Name F Patient's Middle Name																																															
CHECKLIST <table border="1"> <thead> <tr> <th></th> <th><input checked="" type="checkbox"/> Tick the box for a positive response</th> <th>Comments</th> </tr> </thead> <tbody> <tr><td>1</td><td><input type="checkbox"/></td><td>ST Elevation myocardial infarction has been identified by the central decision making point from your transmitted 12 Lead ECG.</td></tr> <tr><td>2</td><td><input type="checkbox"/></td><td>The patient is conscious and orientated to time, place and person.</td></tr> <tr><td>3</td><td><input type="checkbox"/></td><td>The patient has confirmed that the symptoms started less than 6 hours ago.</td></tr> <tr><td>4</td><td><input type="checkbox"/></td><td>Pulse rate more than 50 bpm and less than 150 bpm. Systolic BP less than 180mmHg and Diastolic BP less than 110mmHg</td></tr> <tr><td>5</td><td><input type="checkbox"/></td><td>The patient has confirmed that they have not had a previous diagnosed allergy, hypersensitivity or adverse reaction to clot dissolving drugs, such as Metasyl or to heparin, plavix and cloxane.</td></tr> <tr><td>6</td><td><input type="checkbox"/></td><td>The patient has complained of non-traumatic chest pain or other symptoms consistent with acute coronary syndrome / myocardial infarction</td></tr> <tr><td>7</td><td><input type="checkbox"/></td><td>The patient has confirmed that she is not pregnant, nor has given birth within the last two weeks.</td></tr> <tr><td>8</td><td><input type="checkbox"/></td><td>The patient has confirmed that they have not had a bleeding gastric ulcer within the last 6 months.</td></tr> <tr><td>9</td><td><input type="checkbox"/></td><td>The patient has confirmed that they have not had a stroke of any sort including TIAs within the last 12 months and does not have a permanent disability from a previous stroke.</td></tr> <tr><td>10</td><td><input type="checkbox"/></td><td>The patient has confirmed that they do not have an active or suspected bleeding or known bleeding tendency and has not had recent blood loss (except for normal menstruation).</td></tr> <tr><td>11</td><td><input type="checkbox"/></td><td>The patient has confirmed that they are not taking warfarin (coumadin) or any other anti-coagulant therapy.</td></tr> <tr><td>12</td><td><input type="checkbox"/></td><td>The patient has confirmed that they have not had any surgical operation, tooth extractions, significant trauma requiring hospital admission or head injury within the last 4 weeks.</td></tr> <tr><td>13</td><td><input type="checkbox"/></td><td>The patient has confirmed that they have not been treated recently for any serious head or brain condition, including cerebral tumor/s.</td></tr> <tr><td>14</td><td><input type="checkbox"/></td><td>The patient has confirmed that they do not have a confirmed diagnosis of liver failure or renal failure.</td></tr> </tbody> </table> <p>DO NOT initiate the Thrombolysis Procedure unless all 14 boxes are ticked</p>				<input checked="" type="checkbox"/> Tick the box for a positive response	Comments	1	<input type="checkbox"/>	ST Elevation myocardial infarction has been identified by the central decision making point from your transmitted 12 Lead ECG.	2	<input type="checkbox"/>	The patient is conscious and orientated to time, place and person.	3	<input type="checkbox"/>	The patient has confirmed that the symptoms started less than 6 hours ago.	4	<input type="checkbox"/>	Pulse rate more than 50 bpm and less than 150 bpm. 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<p>PROVISION OF INFORMATION TO PATIENT - to be read to the patient exactly as stated</p> <p>Your ECG (heart tracing), has been transmitted to a Senior Heart Specialist who has identified that you are suffering from a heart attack. Your treatment options include a clot busting drug TENECTEPLASE and drugs that reduce new clot formation called ENOXAPARIN and CLOPIDOGREL.</p> <p>The sooner you receive these drugs, the lower your risk of dying from this heart attack – which is why doctors recommend that the treatment is started as soon as possible.</p> <p>The likely benefits of using these drugs are much greater than the risks.</p> <p>Treatment at this stage improves the chances of surviving by approximately 25% but it can sometimes cause serious side effects. The biggest risk is potentially life-threatening stroke which affects up to 2 patients in every 100 patients. Significant bleeding which is not normally life threatening can occur in about 4 in 100 patients. Some patients also have allergic reactions and other side effects that do not usually cause any major problem.</p>																																															
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<p>> The paramedic has advised me that I am having a heart attack and has read the information above to me.</p> <p>> I understand that I will be given an injection of a clot dissolving drug and that this treatment carries some risks as described in the information above.</p> <p>> I request and consent to the treatment described above for me.</p> <p>We wish to follow your progress. To do this we will require access to your hospital record for information relating to this procedure and a health representative may also wish to contact you. Your information will be kept strictly confidential.</p> <p>> I give permission for the Ambulance Service of New South Wales to access my hospital record for information relating to this procedure and I agree to be contacted. I understand that I can withdraw my permission at any time.</p>																																															
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<p>I, Paramedic: have read the information above to the patient which informs the patient of their condition, the treatment offered and the material risks of receiving the thrombolysis treatment.</p> <p>Paramedic Signature Employee No.</p> <table border="1"> <tr> <td>PRINT NAME</td> <td>SIGNATURE</td> <td>Employee No.</td> </tr> </table>			PRINT NAME	SIGNATURE	Employee No.																																										
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Figure 2. New South Wales ambulance protocol for pre-hospital thrombolysis. ACS = acute coronary syndrome; CCL = cardiac catheterization laboratory; PAPA = pre-hospital assessment by ambulance for primary angioplasty; PHT = pre-hospital thrombolysis.

