



Contraindications to Fibrinolytics

Absolute Contraindications

- Any prior intracranial hemorrhage
- Known structural cerebral vascular lesion (e.g. arteriovenous malformation)
- Known malignant intracranial neoplasm (primary or metastatic)
- Ischemic stroke within 3 months (except acute ischemic stroke within 3 hours)
- Suspected aortic dissection
- Active bleeding or bleeding diathesis (excluding menses)
- Significant closed head or facial trauma within 3 months
- Acute pericarditis

Relative Contraindications

- SBP > 180 mmHg or DBP > 110 mmHg (irrespective of whether BP lowers after presentation)
- History of chronic severe, poorly controlled hypertension
- History of prior ischemic stroke greater than 3 months, dementia, or known intracranial pathology not covered in contraindications
- Traumatic or prolonged (greater than 10 minutes) CPR or major surgery (less than 3 weeks)
- Recent (within 2 - 4 weeks) internal bleeding
- Pregnancy
- Active peptic ulcer
- Current use of anticoagulants: the higher the INR, the higher the risk of bleeding
- Non-compressible vascular punctures

Definition Shock - from <3h algorithm.

Reference

American College of Cardiology/American Heart Association. (2004). Management of Patients with STEMI: Executive Summary. Journal of American College of Cardiology, 44:671, 719

Enoxaparin

Contraindications

- See contraindications for fibrinolytics
- Allergy or hypersensitivity to heparin, pork products or to Enoxaparin
- Known malignant intracranial neoplasm (primary or metastatic)
- History of thrombocytopenia (HIT) on Enoxaparin
- Known history of renal failure