

# HEPARIN CHECKLIST

(Revised: November 2015)



## CASE DETAILS:

DATE:	CASE NUMBER:
PATIENT NAME:	

OFFICER NAME:	OFFICER SIGNATURE:
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REMEMBER TO SUBMIT HEPARIN CHECKLIST WITH ECG IN GREEN ENVELOPE!

**Is this a symptomatic STEMI patient?**  
**YES:** continue this heparin checklist.  
**NO/UNSURE:** treat as per usual ACTAS guidelines.

	YES	NO	UNSURE
Systolic BP less than 180mmHg			
Diastolic BP less than 110mmHg			
GCS 15			

**YES** (to all): continue to next checklist.

**NO/UNSURE** (to any): telephone TCH STEMI Doctor and discuss presentation.

	YES	NO	UNSURE
Known allergy to <b>heparin</b>			
Current use of warfarin / clexane / novel anticoagulants [e.g. apixaban ( <i>Eliquis</i> ); rivaroxaban ( <i>Xarelto</i> ); dabigatran ( <i>Pradaxa</i> )]			
Pregnancy or delivery in last 2 weeks			
Active pathologic bleeding of any origin			
Severe renal or hepatic disease			
Severe head injury or facial trauma in the last 3 months			
Non-compressible vascular punctures			
Clotting problem (haemophilia etc.)			
Known internal bleed within 6 months			

**YES/UNSURE** (to any): heparin not recommended. Telephone TCH STEMI Doctor.

**NO** (to all): HEPARIN RECOMMENDED. Telephone TCH STEMI Doctor and handover as below. If agreed, give **HEPARIN 5000u IV**.

## CONTENT FOR PHONE HANDOVER TO TCH STEMI DOCTOR:

<b>Patient DOB:</b>	<b>Patient age:</b>	<b>Gender: F / M</b>
<b>Signs and symptoms:</b>		
<b>Time of symptom onset:</b>		
<b>Diagnosis of ECG:</b>		
<b>Results of heparin checklist:</b> RECOMMENDED / NOT RECOMMENDED		
<b>ETA to TCH:</b>		