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"EARLY IDENTIFICATION OF PATIENTS FOR THROMBOLYSIS BY INTENSIVE CARE PARAMEDICS: A PILOT STUDY"

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Larger thrombolytic studies have found that patients with ST elevation or new LBBB have a greater reduction in mortality compared to those with other ECG variants of infarction. Congruent with this, the American Heart Association and the American College of Cardiology have stated "ample *evidence exists that persons with suspected myocardial infarction and ST-segment elevation or bundle branch block should undergo immediate reperfusion*…..". Where and how this reperfusion is best achieved is a situation specific issue but with new single bolus thrombolytic agents now available many ambulance services are already initiating thrombolysis before hospital.

Numerous studies have demonstrated that pre-hospital 12 lead ECGs do decrease 'door to needle times' but whether one considers, 'door to needle time' or 'call to needle time', these measures do not specify the seemingly more critical, but far more difficult to define, measure and control interval from 'symptom onset to reperfusion time'.

With most Intensive Care Paramedic Ambulances in Queensland now equipped with 12 lead ECGs and approximately 19 000 cases of chest pain being managed by paramedics across Queensland each year, we undertook a pilot study to investigate;

1. whether ICPs can accurately identify patients for thrombolysis and
2. the potential for ICPs to administer a thrombolytic agent within clinically significant and internationally benchmarked time frames from onset of symptoms.

This presentation outlines the underpinning rationales, structure and results of this pilot study, and makes comment about the potential efficacy, safety and usefulness of pre-hospital thrombolysis in Queensland.