



Amherst Fire District

Fibrinolytic/Heparin Questionnaire

- History of active bleeding within 10 days (to include GI)? Yes/No/Unknown
- Surgery or trauma in the last 14 days? Yes/No/Unknown
- History of stroke, cerebral aneurysm, other neurological symptoms? Yes/No/Unknown
- New onset of altered mental status? Yes/No/Unknown
- History of arteriovenous malformation (ATM)? Yes/No/Unknown
- History of aneurysm? Yes/No/Unknown
- Allergy to fibrinolytics or heparin? Yes/No/Unknown
- Pregnancy? Yes/No/Unknown
- Severe hypertension (systolic>180 or diastolic>110)? Yes/No/Unknown
- Sharp or tearing chest pain radiating to the shoulder blades (suspected aortic dissection)? Yes/No/Unknown
- Allergy to fibrinolytic or Heparin? Yes/No/Unknown
- Prior treatment with a fibrinolytic? If so, which one? Yes/No/Unknown