



Contraindications and Cautions for Fibrinolysis in ST-Elevation Myocardial Infarction*

Absolute contraindications

- Any prior intracranial hemorrhage
- Known structural cerebral vascular lesion (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

Relative contraindications

- History of chronic, severe, poorly controlled hypertension
- Severe uncontrolled hypertension on presentation (SBP >180 mm Hg or DBP >110 mm Hg)†
- History of prior ischemic stroke >3 months, dementia, or known intracranial pathology not covered in contraindications
- Traumatic or prolonged (>10 minutes) cardiopulmonary resuscitation or major surgery (within 3 weeks)
- Recent (within 2–4 weeks) internal bleeding
- Noncompressible vascular punctures
- For streptokinase/anistreplase: prior exposure (>5 days ago) or prior allergic reaction to these agents
- Pregnancy
- Active peptic ulcer
- Current use of anticoagulants (the higher the INR, the higher the risk of bleeding)

Adapted with permission from: Antman EM, Anbe DT, Armstrong PW, et al; American College of Cardiology; American Heart Association; Canadian Cardiovascular Society. ACC/AHA guidelines for the management of patients with ST-elevation myocardial infarction--executive summary. A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Writing Committee to revise the 1999 guidelines for the management of patients with acute myocardial infarction). J Am Coll Cardiol. 2004;44:683.

DBP = diastolic blood pressure; SBP = systolic blood pressure. *Viewed as an advisory for clinical decision making and may not be all-inclusive or definitive.

†Could be an absolute contraindication in low-risk patients with ST-elevation myocardial infarction.