



Appendix 5

**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

Appendix to: Ilton MK, Walsh WF, Brown ADH, et al. A framework for overcoming disparities in management of acute coronary syndromes in the Australian Aboriginal and Torres Strait Islander population. A consensus statement from the National Heart Foundation of Australia. *Med J Aust* 2014; 200: 639-643. doi: 10.5694/mja12.11175.

Appendix 5

Requirements for pre-hospital fibrinolysis	
<p>Ambulance</p> <ul style="list-style-type: none"> • Appropriately equipped ambulances with: <ul style="list-style-type: none"> ○ adequately trained staff/ paramedics with the ability to cannulate patients, administer intravenous (IV) therapies and that are Advanced Life Support certified ○ monitoring and defibrillator capacity ○ digital 12-lead ECG for immediate interpretation and diagnosis by either the attending paramedic or networked cardiologist/emergency department physician after automated transmission to a digital ECG network. • Availability of aspirin, clopidogrel, clexane • Availability of fibrin-specific fibrinolytics with single bolus weight-adjusted dose • Patient consent form including explanation of the risk of bleeding and risk of delayed treatment • Designated provider clinical network. 	<p>Remote health clinic</p> <p>As for ambulances, plus a clearly defined retrieval policy and system, including:</p> <ul style="list-style-type: none"> • when, how and where to evacuate patients after receiving pre-hospital fibrinolysis (co-ordination of aero medical services, emergency physicians, retrieval doctors and medical officers) • when and how to on-transfer patients from regional or secondary (referring) hospitals to tertiary (receiving) centres for coronary angiography and appropriate revascularisation • pharmacy support to maintain supplies of fibrin-specific fibrinolytics due to issues with shelf life, if there is infrequent use.¹
<p>Note: Streptokinase is not suitable for fibrinolytic therapy for Australian Aboriginal and Torres Strait Islander patients because of a high risk of anti-streptococcal antibodies presenting, causing streptokinase resistance.²</p>	

¹ Queensland Government. Queensland Ambulance Service Clinical Practice Manual. Queensland Government, 2001.

² Aroney CN, Aylward P, Kelly AM, et al. Guidelines for the management of acute coronary syndromes. Med J Aust 2006;184 (8 Suppl.): S1-32.