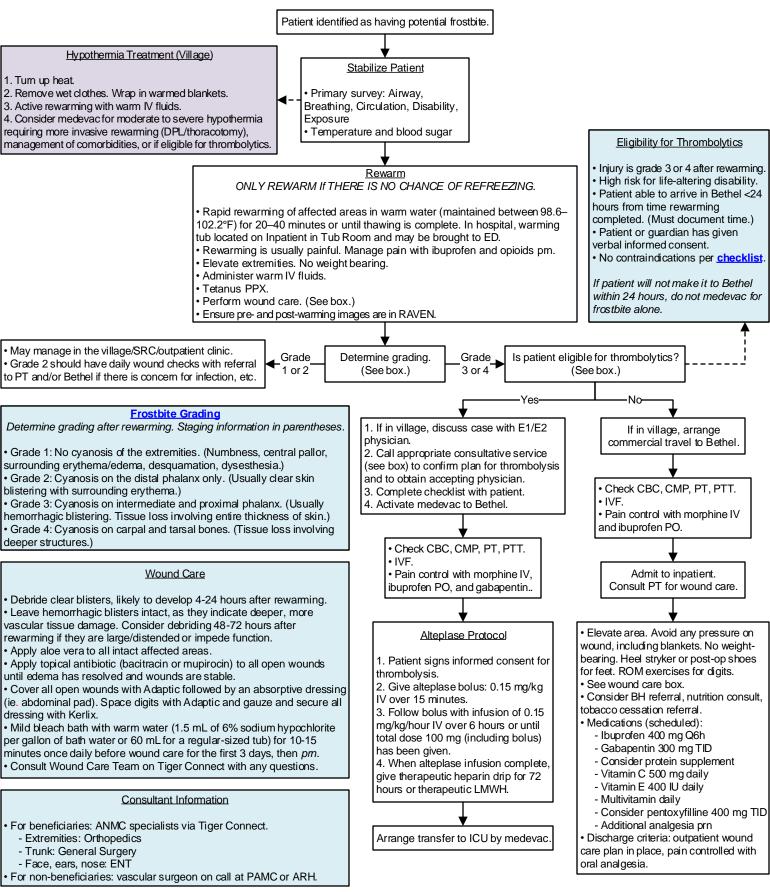


## **Clinical Guideline**

## **Frostbite**



This guideline is designed for the general use of most patients but may need to be a dapted to meet the special needs of a specific patient as determined by the medical practitioner.

Approved by Clinical Guideline Committee 3/24/23. Click here to see the supplemental resources for this guideline. If comments about this guideline, please contact Shawn\_Vainio@ykhc.org.

Note: people in crises such as frostbite have time to think and are open to change. Alcohol, nicotine, and behavior modification counseling are very effective during these times.



Physician signature: \_

Printed name: \_

## Clinical Guideline Thrombolytics in Frostbite

Place patient ID sticker here.

## **Alteplase Checklist**

INDICATION	S (initial yes or n	0)
YES	NO	
		Grade 3 or 4 frostbite.
		High risk for life-altering disability.
		Patient able to arrive in Bethel <24 hours from time rewarming complete.
		Patient or guardian able to give informed consent.
ADCOLUTE	CONTRAINIDIOA	TIONO (helida ana anna)
	1	TIONS (initial yes or no)
YES	NO	Discriptor annuial have such a suc
		Prior intracranial hemorrhage.
		Known structural cerebral vascular lesion.
		Known malignant intracranial neoplasm.
		Ischemic stroke within three months.
		Suspected aortic dissection.
		Active bleeding or bleeding diathesis (excluding menses).
		Significant closed-head trauma or facial trauma within three months.
RELATIVE O	CONTRAINDICAT nd/or consider the	FIONS (initial yes or no) – If any of the following relative contraindications are present, consider expert consultation prior to giving ese with consent and shared decision-making.
YES	NO	
		History of chronic, severe, poorly controlled hypertension.
		Severe uncontrolled hypertension on presentation (SBP >180 mmHg or DBP >110 mmHg)
		History of ischemic stroke more than three months prior
		Traumatic or prolonged (>10 minute) CPR or major surgery less than three weeks
		Recent (within two to four weeks) internal bleeding or recent invasive procedure or serious trauma.
		Noncompressible vascular punctures.
		Pregnancy.
		Active peptic ulcer GI malignancy, GI hemorrhage in previous 21 days, h/o GI bleed.
		Pericarditis or pericardial fluid.
		Therapeutic LMWH. Current use of any anticoagulant that has produced an elevated INR >1.7 or PT >15 seconds or abnormal PTT.
		Age >75 years.
		Diabetic retinopathy.
		Platelet count <100,000.
This	checklist is advis	ory for clinical decision-making and may not be all-inclusive. Risks and benefits will need to be assessed individually.

\_\_\_\_\_ Date and time: \_\_\_