PHY-327-FRM REV 1 03.04.13

Conway Medical Center Conway, South Carolina

Physician's Orders IV tenecteplase (TNKase) (ICU/ER/Cath Lab only)

Center Patient Admission Label Here

Tenecteplase binds to fibrin in a thrombus and converts plasminogen to plasmin which digest fibrin and dissolves the clot. Onset of action is prompt and terminal half-life is 90-130 minut. Indications			L			
Information fibrin and dissolves the clot. Onset of action is prompt and terminal half-life is 90-130 minut Acute S-T Elevation MI	and content may		Drug Allergies:	Pt Weight:	kg	
Information fibrin and dissolves the clot. Onset of action is prompt and terminal half-life is 90-130 minut Acute S-T Elevation MI	Drug	Tenecteplase binds to fibrin in a thrombus and converts plasminogen to plasmin which digests				
A Absolute Contraindications CVA – Hemorrhagic (at any time) CVA – thrombotic or embolic (less than 1 year) Known intracranial neoplasm, AV malformation, or aneurysm Active internal bleeding (excluding menses) Active internal bleeding Current anticoagulant use (with PT-INR greater than 1.7) Yes No Known bleeding diathesis (primary or secondary) Non-compressible vascular puncture (less than 10 days) Yes No Internal bleeding (less than 4 weeks) Pregnancy Peptic ulcer disease – active Peptic ulcer disease – active Yes No CPR greater than10 minutes Trauma (less than 4 weeks) Major surgery (less than 3 weeks) C Relative Contraindications – increased risk of intracranial bleeding Severe uncontrolled hypertension on presentation (SBP greater than180 or DBP greater than 110) Recent thrombotic /embolic CVA (greater than 1 year) Yes No Chronic severe hypertension history		fibrin and dissolves the clot. Onset of action is prompt and terminal half-life is 90-130 minutes.				
CVA – Hemorrhagic (at any time) CVA – thrombotic or embolic (less than 1 year) CVA – thrombotic or embolic (less than 1 year) TIA (less than 1 Year) Known intracranial neoplasm, AV malformation, or aneurysm Active internal bleeding (excluding menses) Aortic dissection (known or suspected) Head trauma (less than 1 month) Pericarditis (known or suspected) Pericarditis (known or suspected) B Relative Contraindications – increased risk of systemic or peripheral bleeding Current anticoagulant use (with PT-INR greater than 1.7) Yes No Known bleeding diathesis (primary or secondary) Non-compressible vascular puncture (less than 10 days) Internal bleeding (less than 4 weeks) Pregnancy Peptic ulcer disease – active CPR greater than10 minutes Trauma (less than 4 weeks) Major surgery (less than 3 weeks) C. – Relative Contraindications – increased risk of intracranial bleeding Severe uncontrolled hypertension on presentation (SBP greater than180 or DBP greater than 110) Peptic ulcer disease – No Chronic severe hypertension history	Indications	Acute S-T Elevation MI				
D. – Cautions – increased risk of bleeding History of hemorrhagic diabetic retinopathy CPR less than 10 minutes Age greater than 75 Female sex Small body size Pes No Yes No Yes No	Assessment (To be completed by	CVA – Hemorrh CVA – thrombor TIA (less than 1 Known intracrar Active internal is Aortic dissection Head trauma (le Pericarditis (kn) B Relative Contrain Current anticoa Known bleeding Non-compressis Internal bleedin Pregnancy Peptic ulcer dise CPR greater tha Trauma (less th Major surgery (C Relative Contrain Severe uncontrain Severe uncontrain (SBP gr Recent thrombor Chronic severe History of hemore CPR less than 1 Age greater tha Female sex	agic (at any time) cic or embolic (less than 1 year) Year) nial neoplasm, AV malformation, or aneurysm bleeding (excluding menses) n (known or suspected) ess than 1 month) own or suspected) dications – increased risk of systemic or per gulant use (with PT-INR greater than 1.7) diathesis (primary or secondary) ble vascular puncture (less than 10 days) g (less than 4 weeks) ease – active n10 minutes an 4 weeks) less than 3 weeks) adications – increased risk of intracranial bleedled hypertension on presentation eater than 180 or DBP greater than 110) atic /embolic CVA (greater than 1 year) hypertension history ased risk of bleeding orrhagic diabetic retinopathy 0 minutes n 75	Yes No Yes Yes No Yes Yes		

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Monitoring	 Continuous EKG monitoring NIBP, HR, RR q10 minutes x 1 hour, then hourly vitals per ICU protocol Neuro checks q1 hour x 4, q2 h x 2 then q4h for a total of 24 hours from administration 12 lead EKG 30 minutes after dosetime 12 lead EKG 60 minutes after dosetime 			
Concentration	Mix as directed with diluent provided in package immediately prior to administration			
Dose	 ☑ Prior to administration insert 3 large bore IV's (one dedicated to blood sampling) ☑ Administer tenecteplase (TNKase) IVP over 5 seconds – weight based dose as follows: < 60 kg 30 mg 60-69 kg – 35 mg 70-79 kg – 40 mg 80-89 kg – 45 mg > 90 kg 50 mg 			
Nursing	 Avoid all unnecessary vascular or arterial punctures and IM injections Report to the physician any changes in heart rhythm, vital signs, neuro checks, bleeding, recurring or worsening chest pain, new ST segment changes, pain in back or legs, headache, or any other concerns regarding the patient. Use pressure dressings for all puncture sites Provide Care Notes to patient/family and review with them Oozing at IV sites can be expected 			
Physician's Sig	nature Date Time Nurse 2			