Alteplase for Acute Ischaemic Stroke

Adult Medication Profile

Monash**Health**

Areas applicable	Monash Medical Centre Clayton Stroke Unit, Emergency Department, Intensive Care Unit and Monash Imaging Departments only			
Exclusions	Paediatrics, clinical areas not listed above			
Medication class	Fibrinolytic agent			
Indications	Acute ischaemic stroke - only to be administered by the Stroke Unit.			
approved at Monash Health	Order form for "Thrombolysis Pathway Kit" (enclosed in kit with alteplase) must be completed and returned to Pharmacy as soon as possible.			
Contraindications	Greater than 4.5 hours from focal anterior circulation ischaemic symptom onset			
	Known hypersensitivity to alteplase, gentamicin, natural rubber or latex, or any of the excipients			
	Obtunded or comatose patient			
	Seizure at stroke onset			
	Suspected or history of intracranial haemorrhage or bleeding diathesis			
	Ischaemic stroke or serious head injury within the last 3 months			
	Blood pressure persistently >185 mmHg systolic or 110 mmHg diastolic despite antihypertensive therapy or patients requiring aggressive therapy to control blood pressure			
	Recent (within 7 days) lumbar puncture or arterial puncture at a non-compressible site, prolonged cardiopulmonary resuscitation, obstetric delivery, or biopsy			
	Gastrointestinal or urinary tract haemorrhage in past 21 days			
	Major surgery in past 14 days			
	Significant trauma in the past 30 days			
	Myocardial infarction in past 3 months			
	Pregnancy			
	Presumed septic embolus			
	Arterial aneurysms, arterial/venous malformations			
	Heparin administration within 48 hours preceding onset with elevated APTT			
	Patients with an INR >1.5, Platelet count less than 100 x 10 ⁹ /L			
	Plasma glucose <2.8 mmol or >22 mmol			
	CT findings of significant early infarction with focal mass effect, hemispheric swelling or haemorrhage			
	History of central nervous system damage (e.g. intracranial tumour, aneurysm, surgery)			
	Acute pancreatitis, bacterial endocarditis or pericarditis			
	Severe hepatic disease or dysfunction			

Prompt Doc No: SNH0001984 v6.0		
First Issued: 31/07/2012	Page 1 of 4	Last Reviewed: 13/04/2018
Version Changed: 13/04/2018	UNCONTROLLED WHEN DOWNLOADED	Review Bv: 28/02/2021

Monash**Health**

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Precautions	Avoid non-compressible arterial puncture, rigid catheters and intramuscular injections during treatment with alteplase
	Recent minor trauma (within 10 days) e.g. biopsy, major vessel puncture, cardiopulmonary resuscitation
	Previous stroke
	Hypertension
	Advanced age (> 80 years); increased risk of haemorrhage, mortality and decreased efficacy. The use of alteplase should be weighed carefully against anticipated risks on an individual patient basis
	Risk of haemorrhage may be increased with the use of warfarin, anti-platelet aggregation agents, heparin or any other agent which influences haemostasis before, during or within the first 24 hours after treatment with alteplase.
	Concomitant use of GP IIb/IIIa antagonists increases the risk of bleeding.
	Concomitant treatment with angiotensin converting enzyme inhibitors may increase the risk of anaphylactoid reaction.
	Use with caution in patients taking anticoagulants such as rivaroxaban, dabigatran or combination of aspirin and clopidogrel. Withhold aspirin for the first 24 hours after administering alteplase.
Action	Alteplase (a recombinant tissue plasminogen activator) is a serine protease that enhances conversion of plasminogen to plasmin. It binds to fibrin in a thrombus and converts the entrapped plasminogen to plasmin which initiates local fibrinolysis.
Pharmacokinetics	Rapidly cleared from circulating plasma by the liver. More than 50% present in plasma is cleared within 5 minutes after the infusion has been terminated and approximately 80% is cleared within 10 minutes.
Presentation	Alteplase 10 mg and 50 mg vials: sterile, white to off white, lyophilised powder
	Four acute thrombolysis boxes are kept in the Clayton emergency department imprest. These contain ONE 50 mg vial and FOUR 10 mg vials of alteplase. The stroke team complete the enclosed tracking forms and return to pharmacy.
Storage	Store vials below 30°C. Protect vials from light (protecting the infusion is

Dosing	0.9 mg/kg (up to ma	ximum 90 mg) intravenou	usly (IV) (see Appendix 1)
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Reconstituted solution stable for up to 24 hours at 2 to 8°C.

Preparation Reconstitute vials with sterile water for injection provided (10 mL for 10 mg vial and 50 mL for 50 mg vial). Gently swirl to mix, do not shake.

Final solution is 1 mg/mL.

Administration Administer via a dedicated large IV line.

unnecessary).

Bolus dose: 10% of total dose; slow IV push over 1 minute

Maintenance infusion: Remaining 90% of total dose over 60 minutes via a volumetric infusion pump.

Refer to Appendix 1 for dosage and administration information.

Prompt Doc No: SNH0001984 v6.0		
First Issued: 31/07/2012	Page 2 of 4	Last Reviewed: 13/04/2018
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Monitoring requirements

Baseline investigations: Full blood count; urea, electrolytes and creatinine; APTT, INR, blood glucose; liver function tests. CT Brain, ECG, patient weight, vital signs.

During infusion: Assess blood pressure and neurological function:

- Every 15 minutes for 2 hours after commencement of infusion then
- Every 30 minutes for 6 hours then
- Every hour until 24 hours post alteplase infusion completion

Adverse reactions

Bleeding (most common):

- Intracerebral haemorrhage (up to 10% of patients)
- Gastrointestinal haemorrhage
- Eye, urogenital, pericardial, respiratory tract haemorrhage
- Superficial bleeding (injection/puncture sites)

Allergic reactions: Fever, chills, rash, bronchospasm, angioedema, hypotension, anaphylaxis, shock.

Pregnancy

Breastfeeding

Therapeutic Goods Administration's Australian Categorisation of Drugs: Category B1

It is not known whether alteplase is excreted in human milk. Caution should be exercised when alteplase is administered to breastfeeding women.

Alteplase is NOT to be administered to pregnant women at Monash Health.

For further information contact the Medicines Information Centre on ext. 42361.

Medication tools

Not applicable

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Refer to Medication Administration Procedure and Medication Prescribing Procedure

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Prompt Doc No: SNH0001984 v6.0		
First Issued: 31/07/2012	Page 3 of 4	Last Reviewed: 13/04/2018
Version Changed: 13/04/2018	UNCONTROLLED WHEN DOWNLOADED	Review Bv: 28/02/2021

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Appendix 1: Guide to alteplase dosage and administration using 1 mg/mL solution

Patient weight (kg)	Total dose (0.9 mg/kg)	Bolus dose over 1 minute (mL)	Maintenance infusion over 60 minutes (mL/hour)	Patient weight (kg)	Total dose (0.9 mg/kg)	Bolus dose over 1 minute (mL)	Maintenance infusion over 60 minutes (mL/hour)
40	36	3.6	32.4	70	63	6.3	56.7
41	36.9	3.7	33.2	71	63.9	6.4	57.5
42	37.8	3.8	34	72	64.8	6.5	58.3
43	38.7	3.9	34.8	73	65.7	6.6	59.1
44	39.6	4	35.6	74	66.6	6.7	59.9
45	40.5	4.1	36.4	75	67.5	6.8	60.7
46	41.4	4.1	37.3	76	68.4	6.8	61.6
47	42.3	4.2	38.1	77	69.3	6.9	62.4
48	43.2	4.3	38.9	78	70.2	7	63.2
49	44.1	4.4	39.7	79	71.1	7.1	64
50	45	4.5	40.5	80	72	7.2	64.8
51	45.9	4.6	41.3	81	72.9	7.3	65.6
52	46.8	4.7	42.1	82	73.8	7.4	66.4
53	47.7	4.8	42.9	83	74.7	7.5	67.2
54	48.6	4.9	43.7	84	75.6	7.6	68
55	49.5	5	44.5	85	76.5	7.7	68.8
56	50.4	5	45.4	86	77.4	7.7	69.7
57	51.3	5.1	46.2	87	78.3	7.8	70.5
58	52.2	5.2	47	88	79.2	7.9	71.3
59	53.1	5.3	47.8	89	80.1	8	72.1
60	54	5.4	48.6	90	81	8.1	72.9
61	54.9	5.5	49.4	91	81.9	8.2	73.7
62	55.8	5.6	50.2	92	82.8	8.3	74.5
63	56.7	5.7	51	93	83.7	8.4	75.2
64	57.6	5.8	51.8	94	84.6	8.5	76.1
65	58.5	5.9	52.6	95	85.5	8.6	76.9
66	59.4	5.9	53.5	96	86.4	8.6	77.8
67	60.3	6	54.3	97	87.3	8.7	78.6
68	61.2	6.1	55.1	98	88.2	8.8	79.4
69	62.1	6.2	56	99	89.1	8.9	80.2
				<u>></u> 100	90	9	81

^{*}Volumes and rates are for the 1 mg/mL reconstituted solution.

Prompt Doc No: SNH0001984 v6.0		
First Issued: 31/07/2012	Page 4 of 4	Last Reviewed: 13/04/2018
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