

Tenecteplase for Myocardial Infarction [5756]

Absolute Contraindications

Any prior ICH Known structural cerebral vascular lesion (e.g., 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 greater than 180 mm Hg or DBP greater than 110 mm Hg)†
History of prior ischemic stroke greater than 3 months, dementia, or known intracranial pathology not covered in contraindications
Traumatic or prolonged (greater than 10 minutes) CPR or major surgery (less than 3 weeks)
Recent (within 2-4 weeks) internal bleeding
Noncompressible vascular punctures
Pregnancy
Active peptic ulcer
Current use of anticoagulants: the higher the INR, the higher the risk of bleeding

Nursing

Notify

| | |
|---|---|
| <input checked="" type="checkbox"/> Notify Provider | Routine, Until discontinued, Starting S, SBP is greater than or equal to 160 or less than 100, DBP is greater than or equal to 100, O2 saturation is less than 93%, Change in neurologic exam or mental status, Arrhythmias, Abdominal/flank pain, Hematemesis or other bleeding, or Acute worsening shortness of breath. |
| <input checked="" type="checkbox"/> Avoid punctures, ABG, NGT, Central Lines, Foley Catheters or other invasive procedures for 24 hours post tenecteplase (thrombolytic) unless essential | STAT, Until discontinued, Starting S For 24 Hours |
| <input checked="" type="checkbox"/> Monitor all recently discontinued arteriopuncture and venipuncture sites for bleeding | STAT, Until discontinued, Starting S Careful monitoring of puncture sites once fibrinolytic action begins. |
| <input checked="" type="checkbox"/> No injections | STAT, Until discontinued, Starting S Type of injection: IM No IM injections for 24 hours post tenecteplase (thrombolytic) administration |
| <input checked="" type="checkbox"/> Apply pressure | STAT, Once For 1 Occurrences Specify location: Site of oozing, bleeding, or bruising. If oozing, bleeding, or bruising occurs, apply digital pressure until hemostasis is achieved and notify the ordering physician |

Medications

Tenecteplase for Acute Myocardial Infarction

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|---|---|
| <input checked="" type="checkbox"/> Tenecteplase for Acute Myocardial Infarction (Single Response) (Selection Required) | |
| <input type="checkbox"/> Patient Weight < 60 kg | |
| <input type="checkbox"/> tenecteplase (TNKASE) injection | 30 mg, intravenous, once, For 1 Doses This dosing is for patients in the ED with ST Elevation Myocardial Infarction, where a delay to PCI is anticipated or clinical scenario warrants emergent fibrinolytic therapy. Do you attest that this criteria has been met? |
| <input type="checkbox"/> Patient Weight 60 to < 70 kg | |

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| <input type="checkbox"/> tecteplase (TNKASE) injection | 35 mg, intravenous, once, For 1 Doses This dosing is for patients in the ED with ST Elevation Myocardial Infarction, where a delay to PCI is anticipated or clinical scenario warrants emergent fibrinolytic therapy. Do you attest that this criteria has been met? |
| () Patient Weight 70 to < 80 kg | |
| <input type="checkbox"/> tecteplase (TNKASE) injection | 40 mg, intravenous, once, For 1 Doses This dosing is for patients in the ED with ST Elevation Myocardial Infarction, where a delay to PCI is anticipated or clinical scenario warrants emergent fibrinolytic therapy. Do you attest that this criteria has been met? |
| () Patient Weight 80 to < 90 kg | |
| <input type="checkbox"/> tecteplase (TNKASE) injection | 45 mg, intravenous, once, For 1 Doses This dosing is for patients in the ED with ST Elevation Myocardial Infarction, where a delay to PCI is anticipated or clinical scenario warrants emergent fibrinolytic therapy. Do you attest that this criteria has been met? |
| () Patient Weight = > 90 kg | |
| <input type="checkbox"/> tecteplase (TNKASE) injection | 50 mg, intravenous, once, For 1 Doses This dosing is for patients in the ED with ST Elevation Myocardial Infarction, where a delay to PCI is anticipated or clinical scenario warrants emergent fibrinolytic therapy. Do you attest that this criteria has been met? |
| <input checked="" type="checkbox"/> Per ACS guideline recommendations, heparin should be started with fibrinolytic agent and continued for 48 hours. | |
| <input checked="" type="checkbox"/> Pharmacy Consult – Heparin Low Dose ACS Protocol with Bolus | STAT, Until discontinued, Starting S Heparin Indication: ACS Specify: Give initial Bolus Monitoring: Anti-Xa Tenecteplase for Myocardial Infarction. Per ACS guideline recommendations, heparin should be started with fibrinolytic agent and continued for 48 hours. |

Antiplatelet Agents - ONE MUST BE SELECTED (Single Response) (Selection Required)

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|---|--|
| () Loading Dose Followed By Maintenance (Single Response) | |
| () clopidogrel (PLAVIX) 300 mg Loading Dose followed by 75 mg Maintenance Dose and aspirin EC 81 mg tablet | |
| <input type="checkbox"/> clopidogrel (PLAVIX) Loading and Maintenance doses | "Followed by" Linked Panel |
| <input type="checkbox"/> Loading Dose - clopidogrel (PLAVIX) tablet | 300 mg, oral, once, For 1 Doses Loading Dose |
| <input type="checkbox"/> Maintenance Dose - clopidogrel (PLAVIX) tablet | 75 mg, oral, daily, Starting S+1 Maintenance Dose |
| <input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet | 81 mg, oral, daily, Starting S+1 |
| () ticagrelor (BRILINTA) 180 mg Loading Dose followed by 90 mg Maintenance Dose and aspirin EC 81 mg tablet | |
| <input type="checkbox"/> ticagrelor (BRILINTA) Oral Loading and Maintenance Doses | "Followed by" Linked Panel |
| <input type="checkbox"/> ticagrelor (BRILINTA) tablet | 180 mg, oral, once, For 1 Doses |
| <input type="checkbox"/> ticagrelor (BRILINTA) tablet | 90 mg, oral, 2 times daily, Starting H+12 Hours |
| <input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet | 81 mg, oral, daily, Starting S+1 |
| () prasugrel (EFFIENT) 60 mg Loading Dose followed by 10 mg Maintenance Dose and aspirin EC 81 mg tablet (Selection Required) | |
| <input type="checkbox"/> prasugrel (EFFIENT) Loading and Maintenance Doses | "Followed by" Linked Panel |
| Maintenance Dose Instructions: Lower the dose to 5 mg for high risk patients (age GREATER than or EQUAL to 75 OR weight LESS than 60 kg) | |
| <input type="checkbox"/> prasugrel (EFFIENT) tablet | 60 mg, oral, once, For 1 Doses |
| <input type="checkbox"/> prasugrel (EFFIENT) tablet | 10 mg, oral, daily, Starting H+24 Hours |
| <input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet | 81 mg, oral, daily, Starting S+1 |

** DO NOT REMOVE ** Pharmacy Consult to dose prasugrel (EFFIENT) (Selection Required)

Pharmacy Consult to educate patient on prasugrel (EFFIENT) STAT, Once For 1 Occurrences
Which drug do you need help dosing? prasugrel (EFFIENT)

() Maintenance Doses Only (Single Response)

() clopidogrel (PLAVIX) 75 mg Maintenance Dose and aspirin EC 81 mg tablet - Start Tomorrow

clopidogrel (PLAVIX) tablet 75 mg, oral, daily, Starting S+1

aspirin (ECOTRIN) enteric coated tablet 81 mg, oral, daily, Starting S+1

() ticagrelor (BRILINTA) 90 mg Maintenance Dose and aspirin EC 81 mg tablet - Start 12 Hours from Now

ticagrelor (BRILINTA) tablet 90 mg, oral, 2 times daily, Starting H+12 Hours

aspirin (ECOTRIN) enteric coated tablet 81 mg, oral, daily, Starting S+1

() prasugrel (EFFIENT) 10 mg Maintenance Dose and aspirin EC 81 mg tablet- Start Tomorrow (Selection Required)

prasugrel (EFFIENT) tablet 10 mg, oral, daily, Starting S+1

aspirin (ECOTRIN) enteric coated tablet 81 mg, oral, daily, Starting S+1

** DO NOT REMOVE ** Pharmacy Consult to dose prasugrel (EFFIENT) (Selection Required)

Pharmacy Consult to educate patient on prasugrel (EFFIENT) STAT, Once For 1 Occurrences
Which drug do you need help dosing? prasugrel (EFFIENT)

Labs

Labs

Comprehensive metabolic panel STAT For 1 Occurrences

CBC hemogram STAT For 1 Occurrences

Prothrombin time with INR STAT For 1 Occurrences

Partial thromboplastin time, activated STAT For 1 Occurrences

Fibrinogen STAT For 1 Occurrences

Fibrinogen Once, Starting H+30 Minutes For 1 Occurrences
30 min after tenecteplase

Troponin T STAT For 1 Occurrences
Baseline tenecteplase draw

Troponin T Every 6 hours, Starting H+1 Hours For 3 Occurrences
Draw 1 hour after tenecteplase started, then at 6 hours and 12 hours (after tenecteplase)

Other Studies

ECG

ECG 12 lead Routine, Once For 1 Occurrences
Clinical Indications: Other:
Other: Post tenecteplase
Interpreting Physician:
Perform ECG after tenecteplase finished