

PRE-PRINTED ORDERS

ST Elevation Myocardial Infarction (STEMI)
Fibrinolysis Therapy – Tenecteplase (TNK)

Page 1 of 3

ALLERGIES

MEDICATIONS/FOOD	REACTION	
<input type="checkbox"/> NO KNOWN ALLERGY		Weight (kg): _____
<input type="checkbox"/> MEDICATIONS		Height (cm): _____
<input type="checkbox"/> FOOD		
<input type="checkbox"/> ENVIRONMENTAL		
<input type="checkbox"/> LATEX		
Transcribe all checked boxes as orders		SIGNATURE, DESIGNATION, DATE AND TIME

For patients who present up to 12-24 hours of STEMI symptoms and who cannot be re-perfused with primary percutaneous intervention (PCI) within recommended time (suggested 120 minutes) Initiate within 30 minutes of STEMI diagnosis

<input checked="" type="checkbox"/> Review below Thrombolytic Eligibility Screening prior to Tenecteplase dosing		
Absolute Contraindications – All boxes must be ‘NO’ prior to administration of Tenecteplase	Yes	No
History of any intracranial hemorrhage		
History of any ischemic stroke within the past three months (except acute ischemic stroke within 4.5 hours of presentation)		
Known history of cerebral vascular malformation, primary or metastatic intracranial malignancy		
Suspected aortic dissection		
Any active bleeding (excluding menses)		
Any significant closed head or facial trauma within the past three months		
Any intracranial or intraspinal injury within the past two months		
Relative Contraindications – if checked ‘YES’ benefits of Tenecteplase must outweigh risks	Yes	No
History of chronic, severe, or poorly controlled hypertension, or uncontrolled hypertension at presentation (systolic greater than or equal to 180 mmHg and/or diastolic greater than or equal to 110 mmHg)		
History of ischemic stroke more than three months previously		
Dementia		
Any known intracranial disease that is not an absolute contraindication		
Traumatic or prolonged (greater than 10 minutes) cardiopulmonary resuscitation		
Major surgery within the past three weeks		
Internal bleeding within the past two to four weeks, or an active peptic ulcer		
Non-compressible vascular punctures		
Pregnancy		
Current oral anticoagulant therapy		
Inherent bleeding disorders		

Date: _____ Time: _____ Practitioner's Signature: _____
Date: _____ Time: _____ Transcriber's Signature: _____

Faxed to Pharmacy: _____



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Tenecteplase Administration

If patient meets above inclusion criteria:

- Tenecteplase ____mg IV STAT (*as per weight based dosing*). Flush intravenous with 0.9% sodium chloride before and after bolus.

Patient weight (kg)	Tenecteplase (mg)
Less than 60	30
60 to 69.9	35
70-79.9	40
80-89.9	45
Greater than or equal to 90	50

Consults

- Cardiology
 Other: _____

Assessments and Observations

- Vital signs (Temperature, heart rate, rhythm, respirations, blood pressure, oxygen saturation)
 Every 15 minutes x1 hour, then
 Every 30 minutes x 1 hour, then
 Every 1h x 4 hours
 Continuous cardiac monitoring
 Glasgow coma scale q1 hr

Nutrition/Fluids

- Initiate two intravenous access
 Intravenous 0.9% sodium chloride at ____mL/hr
 NPO

Tests and Procedures

- CBC, electrolytes, BUN, creatinine, PT(INR), PTT
 12 lead electrocardiogram (ECG) and PRN with chest pain
 15 lead ECG (V8, V9, V4R) if inferior ST changes in leads II, III and/or aVF, or with chest pain if 12 lead ECG non-diagnostic
 Repeat 12 and/or 15 lead ECG 60 minutes post TNK
 Portable chest x-ray
 CK, troponin q8h X 3
 Type and screen

Medications

- Antiplatelet
 acetylsalicylic acid (ASA) 160 mg PO STAT (if not already given)
 clopidogrel (*choose one*)
 300 mg PO x 1 STAT if less than age 75
 75 mg PO x 1 STAT if greater than age 75

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<p>Anticoagulation</p> <p><input checked="" type="checkbox"/> heparin ____ units IV bolus X1 STAT (<i>recommend 60 units/kg, maximum 4000 units</i>)</p> <p><input checked="" type="checkbox"/> Initiate ACS Heparin Nomogram</p> <p><input checked="" type="checkbox"/> Do not discontinue, hold or decrease heparin infusions for first 12 hours unless significant bleeding or a PTT greater than 150 seconds</p>	
<p>Pain and Nausea</p> <p><input type="checkbox"/> nitroglycerin 1 spray (0.4mg) sublingual PRN for angina. May repeat q5minutes for a maximum 3 doses (<i>cautious use with inferior-posterior MI</i>) Hold if SBP less than or equal to 90 mmHg</p> <p><input type="checkbox"/> morphine 2 or 4 mg IV q10minutes PRN for chest pain (<i>cautious use with inferior-posterior MI</i>) Hold if SBP less than or equal to 90 mmHg</p> <p><input checked="" type="checkbox"/> dimenhydrinate 25 to 50 mg PO/IV q4h PRN for nausea</p>	
<p><input checked="" type="checkbox"/> Oxygen 1 to 5 L/minute via nasal prongs for oxygen saturation less than 92% on room air. Titrate oxygen to keep oxygen saturation between 92% to 94% or ____% (notify MRP if oxygen saturation less than 92% on 5L/minute oxygen via nasal prongs)</p>	
Additional Orders	

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