

ACTION	Tenecteplase (TNK) STEMI Order Set							
	Allergies							
	 □ NKA □ Allergies confirmed within Meditech □ New Allergies to be entered into Meditech: 							
	Indications for Tenecteplase							
	 STEMI diagnosis AND Primary PCI not possible within 120 min from STEMI diagnosis AND Symptom onset within previous 12 hours 							
	Contraindications							
	 Active bleeding (except for menstrual bleeding) History of intracranial hemorrhage History of ischemic stroke within 3 months Significant closed-head or facial trauma within 3 months Severe uncontrolled hypertension (SBP greater than 180 mmHg or DBP greater than 110mmHg) 							
	Vitals/Monitoring							
	 ☑ Continuous cardiac monitoring ☑ Continuous SpO₂ monitoring ☑ Baseline Temp, HR, RR, BP, SpO₂ and neurological assessment 							
	Post Tenecteplase administration: ☐ HR, RR, BP, neurological assessment q15min x 1 hr, then q1h x 4; then q8h and PRN ☐ Temp q h ☐ Pain Score q h ☐ Observe for signs of bleeding. If bleeding occurs, notify MRP ☐ ECG 60 minutes after Tenecteplase dose and with any rhythm changes							
	Lab Investigations							
	 ☑ Draw blood from saline lock for 48 hours post TNK ☑ CBC, Electrolytes, Creatinine, at baseline, then daily x 3 ☑ Troponin q8h x 3, then daily x 2 days ☑ Baseline PTT 							
Submitte	er Name:	Date & Time	Order Verified by Signature:	Date & Time				
Co-Signer Signature:		Date & Time	Scanner Signature:	Date & Time				
			Transcriber Signature:	Date & Time				



ACTION	Tenecteplase (TNK) STEMI Order Set						
	Drains/Tubes For 24 hours post Tenecteplase administrat			⊠ No OG/N	G tube insertion		
	IV Therapy First site: IV 0.9% Sodium Chloride TKVO Second site: Saline Lock No other IV insertion, arterial punctures or central line insertion for 24 hours post Tenecteplase administration						
	Drug Therapy ASA 160 mg PO crushed or chewed STAT, then ECASA 81 mg PO daily AND Age less than 75 years: ☐ Clopidogrel 300 mg PO x 1 dose STAT, then 75 mg PO daily OR Age 75 years or older: ☐ Clopidogrel 75 mg PO x 1 dose STAT, then 75 mg PO daily Tenecteplase Therapy Flush tubing before and after Tenecteplase administration with 0.9% Sodium Chloride Reconstitute 50 mg Tenecteplase with 10 mL of provided diluent and syringe (= 5 mg/mL final concentration) Give as single bolus over 5 seconds by PHYSICIAN ONLY. Patient's Weight (kg) ☐ Tenecteplase Dose ☐ Reduced Tenecteplase Dose ☐ (consider for age 75 years and above) Less than 60 ☐ 30 mg (6 mL) ☐ 15 mg (3 mL) 60 to 69.9 ☐ 35 mg (7 mL) ☐ 17.5 mg (3.5 mL) 70 to 79.9 ☐ 40 mg (8 mL) ☐ 20 mg (4 mL) 80 to 89.9 ☐ 45 mg (9 mL) ☐ 22.5 mg (4.5 mL) greater than or equal to 90 ☐ 50 mg (10 mL) ☐ 25 mg (5 mL)						
Submitt	ter Name:	Date & Time	Order Verified by Signat	ure:	Date & Time		
Co-Sigr	-Signer Signature: Date		Scanner Signature:		Date & Time		
			Transcriber Signature:		Date & Time		



Tenecteplase (TNK) STEMI Order Set ACTION **Anticoagulation Therapy** To start immediately following Tenecteplase bolus ☐ Enoxaparin (patient age less than 75 years) 30 mg IV Bolus by PHYSICIAN ONLY (or under direct immediate supervision) THEN 1 mg/kg mg subcut q12h starting 15 min after bolus dose (max 100 mg/dose for 1st two doses only; then use full weight-based dose) ☐ If CrCl less than 30 mL/min, decrease Enoxaparin administration to once daily OR ☐ Enoxaparin (patient age 75 years and above) ☐ 0.75 mg/kg _ _ mg subcut q12h (max 75 mg/dose for 1st two doses only; then use full weight-based dose) ☐ If CrCl less than 30 mL/min, change Enoxaparin to 1 mg/kg _____ mg subcut once daily OR ☐ Heparin 25,000 units/250 mL IV infusion (follow table for initial therapy) Heparin 25,000 units/250 mL D5W Bolus Dose (60 units/kg) Initial Infusion (12 units/kg/hr) Rate Patient's Weight (kg) Max. 4,000 units Max. 1,000 units/hr (mL/hr) Less than or equal to 35 2,000 units 400 \square 35 - 39 2.200 units 450 4.5 ☐ 40 – 44 500 2,500 units 5 ☐ 45 **–** 49 2,800 units 550 5.5 3,100 units 600 6 □ 55 **–** 59 3,400 units 700 7 ☐ 60 − 64 3,700 units 750 7.5 4,000 units □ 65 – 69 800 8 ☐ 70 – 74 850 4,000 units 8.5 □ 75 – 79 4,000 units 900 9 greater than or equal to 80 4,000 units 1,000 10 First PTT at 3 hours after Tenecteplase dose Notify physician if PTT less than 50. Adjust according to standard Heparin nomogram Referral ☐ Cardiology (between 8 am and 6 pm) ☐ Internal Medicine Submitter Name: Date & Time Date & Time Order Verified by Signature: Co-Signer Signature: Date & Time Scanner Signature: Date & Time



Transcriber Signature:

Date & Time



ACTION	Tenecteplase (TNK) STEMI Order Set						
	Additional Orders						
	DO NOT USE: <, >, SC,	SQ, SUBQ, U, IU, zero after	decimal (write 1 mg)	ALWAYS USE: zero <u>b</u>	<u>before</u> decimal (0.5 mg)		
Submitt	ter Name:	Date & Time	Order Verified by	Signature:	Date & Time		
Co-Sigr	ner Signature:	Date & Time	Scanner Signatur	e:	Date & Time		
			Transcriber Signa	ature:	Date & Time		
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