DOSING

Tenecteplase dose for STROKE is 0.25mg/kg (actual body weight) with a MAXIMUM DOSE of 25 mg

- IV push over five seconds
- Not compatible with any dextrose containing solutions
- Flush IV with Normal Saline before and after Tenecteplase administration
- You will never administer a full vial to treat stroke
- The stroke dosage is NOT listed on the box

INCLUSION/EXCLUSION CRITERIA

Please refer to the ND Inclusion and Exclusion Criteria for IV Thrombolytic Treatment of Ischemic Stroke

COMPLICATIONS

- Oral Angioedema
- Hemorrhagic Transformation
- Systemic Bleeding

REVERSAL

If the patient experiences hemorrhage post-Tenecteplase administration, follow the Neurocritical Care Society and the Society of Critical Care Medicine Guidelines for reversal of thrombolics:
- Cryoprecipitate 10 units IV

If Cryoprecipitate is contraindicated or unavailable, administer:
- Tranexamic acid 10 to 15 mg/kg IV push over 20 minutes
  OR
- Aminocaproic acid 4 to 5 mg IV

MONITORING

- Vital signs and neuro checks every 15 minutes x 2 hours, every 30 minutes x 6 hours, then hourly until 24 hours after treatment
- If blood pressure is greater than 180/105, notify provider
- Repeat head CT if neuro status declines
- NIHSS – Post administration and with any neuro changes
- No anticoagulant/antiplatelet for 24 hours
- Monitor for complications

Transition to Tenecteplase Checklist

- Involve all stakeholders. This should include pharmacy, providers, stroke program leadership, and administration
- Determine if this is a feasible change for your facility--the decision to switch is determined by your facility and providers*
- Consider following the State recommendations on dosing of Tenecteplase in stroke
- Develop a Tenecteplase order set
- Update all current stroke protocols and resources
- Develop education/competency check off for nursing, pharmacy, and providers
- Develop process to safely differentiate stroke and MI Tenecteplase dosing
- Set a timeline (Do not be afraid to extend timeline to ensure safe transition)
- Develop education for patients

Transition Tips

- Consider making a full transition to Tenecteplase rather than alternating between Tenecteplase and Alteplase
- Medication safety is the priority--utilize Tenecteplase rather than TNK or TNKase to avoid confusion with tPA or TXA
- Do not underestimate the number of places Alteplase verbiage can be found
- Share updated acute stroke order set with telemedicine services
- Update dot phrases and downtime forms with new order sets and protocols
- Be mindful that Tenecteplase cannot be exchanged if premixed and not administered

*The transition to Tenecteplase is a facility specific choice. The North Dakota Stroke Task Force does not endorse the use of one thrombolytic over the other.

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