

Allergies: _____

Thrombolytic Therapy for STEMI Order Set		ACTION		
Vitals/Monitoring Pre Thrombolytic Therapy Vitals <input checked="" type="checkbox"/> T, HR, RR, BP and SpO ₂ Neurovitals <input checked="" type="checkbox"/> Neurovitals Monitoring <input checked="" type="checkbox"/> Cardiac Monitoring <input checked="" type="checkbox"/> Peripheral pulses <input checked="" type="checkbox"/> Lung sounds Post Thrombolytic Therapy Vitals <input checked="" type="checkbox"/> T, HR, RR, BP and SpO ₂ q1h x 6 hours, then q4h x 24 hours Neurovitals <input checked="" type="checkbox"/> Neurovitals q1h x 6 hours, then q4h x 24 hours Monitoring <input checked="" type="checkbox"/> q1h x 6 hours, then q4h x 24 hours: <input checked="" type="checkbox"/> Cardiac Monitoring <input checked="" type="checkbox"/> Peripheral pulses <input checked="" type="checkbox"/> Lung sounds		M A R	R E Q	K
Lab Investigations Pre Thrombolytic Therapy <input checked="" type="checkbox"/> CBC <input checked="" type="checkbox"/> APTT <input checked="" type="checkbox"/> INR <input checked="" type="checkbox"/> Na, K, Cl, HCO ₃ , Creatinine, Glucose <input checked="" type="checkbox"/> BUN <input checked="" type="checkbox"/> CK <input checked="" type="checkbox"/> Troponin I <input type="checkbox"/> Additional Labs: _____ Post Thrombolytic Therapy <input checked="" type="checkbox"/> CBC 6 hours post TNK, then daily in a.m. while in CCU <input checked="" type="checkbox"/> CK, Troponin I at 6 hours post TNK, then q6 - 8h x 3 <input checked="" type="checkbox"/> Nurse to obtain blood from stopcock while blood accessible, otherwise lab to do venipuncture				
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Diagnostics		M A R	R E Q	K
Pre-Thrombolytic Therapy				
<input checked="" type="checkbox"/> ECG <input checked="" type="checkbox"/> CXR				
Post Thrombolytic Therapy				
<input checked="" type="checkbox"/> ECG 30 minutes and 1 hour after TNK administered <input checked="" type="checkbox"/> ECG daily in a.m. while in CCU <input checked="" type="checkbox"/> If no resolution in chest pain or ECG changes at 60 minutes after TNK administered, notify MD				
IV Therapy				
<input checked="" type="checkbox"/> Start 3 IV sites with 18 gauge				
IV Fluid 1				
<input type="checkbox"/> 0.9% NaCl at 30 - 50 mL/h <input type="checkbox"/> Saline Lock (opposite arm if possible)				
IV Fluid 2				
<input type="checkbox"/> 0.9% NaCl at 30 - 50 mL/h				
Cardiac Medications				
Anticoagulation				
<input checked="" type="checkbox"/> Check one of the following options Note: heparin is preferred if cardiac catheterization is being considered within the next 12 hours OR if age is greater than or equal to 75 years OR if Creatinine Clearance is less than 30 mL/minute <input type="checkbox"/> enoxaparin 30 mg IV bolus followed by 10 mL 0.9% NaCl IV to flush THEN enoxaparin _____ mg Subcutaneous q12h starting STAT (1 mg/kg) (max 100 mg)				
OR				
<input type="checkbox"/> Reduced IV Heparin Clinical Protocol				
Antiplatelets				
<input checked="" type="checkbox"/> acetylsalicylic acid 160 mg PO chew STAT, if not already given in ER <input checked="" type="checkbox"/> enteric coated acetylsalicylic acid 81mg PO daily <input checked="" type="checkbox"/> Only one of the following options: For patients age greater than or equal to 75 years: <input type="checkbox"/> clopidogrel 75mg PO STAT THEN clopidogrel 75mg PO daily				
OR				
For patients age less than 75 years: <input type="checkbox"/> clopidogrel 300 mg PO STAT THEN clopidogrel 75mg PO daily				
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Thrombolytic Therapy for STEMI Order Set

ACTION

Thrombolytic Therapy

- ☒ Reconstitute 50 mg vial of tenecteplase (TNK) with 10 mL sterile water (5 mg/mL) (swirl slowly, do not shake)
 - ☒ tenecteplase (TNK) _____ mg to be given IV bolus over 5 seconds using weight dosing chart (**max 50 mg**)
- Follow with 10 mL 0.9% NaCl IV flush

* TNK is incompatible with dextrose, IV line to be flushed with 0.9% NaCl prior to and after administration of TNK

Tenecteplase Weight Dosing Chart

Patient Weight (kg)	TNK (mg)	Volume TNK to be administered (mL)
Less than 60	30	6
60 to 69	35	7
70 to 79	40	8
80 to 89	45	9
90 or Greater	50	10

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