

(addressograph)

PRE-PRINTED ORDERS

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

Page 1 of 3

ALLERGIES			
MEDICATIONS/FOOD	REACTION		
□ NO KNOWN ALLERGY		Weight (kg):	
□ MEDICATIONS		Height (cm):	
□ FOOD			
□ ENVIRONMENTAL			
□ 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

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:	Faxed to
Date:	Time:	Transcriber's Signature:	Pharmacy:

PPO-0049 November 27, 2017





(addressograph)

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Fibrinolysis Therapy – Tenecteplase (TNK)

Transcribe all checked boxes as orders SIGNATURE, DESIGNATION, DATE AND TIME	Page 2 of 3					
Fatient meets above inclusion criteria: Tenecteplase				DESIGNATION,		
Tenecteplase	Ten	ecteplase Administration				
intravenous with 0.9% sodium chloride before and after bolus. Patient weight (kg) Tenecteplase (mg)	If pa	atient meets above inclusion criteria:				
Patient weight (kg) Tenecteplase (mg) Less than 60 30 60 to 69.9 355 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 15 minutes x1 hour, then ☑ Every 17 at hours ☑ Continuous cardiac monitoring ☑ Glasgow coma scale q1 hr Nutrition/Fluids ☑ Initiate two intravenous access ☑ Intravenous 0.9% sodium chloride atmL/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, V8R) if inferior ST changes in leads II, III and/or aVF, or with chest pain if 12 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) ☐ 300 mg PO x 1 STAT if greater than age 75 ☐ 75 mg PO x 1 STAT if greater than age 75 ☐ 75 mg PO x 1 STAT if greater than age 75 ☐ 75 mg PO x 1 STAT if greater than age 75 ☐ 75 mg PO x 1 STAT if greater than age 75 ☐ 75 mg PO x 1 STAT if greater than age 75 ☐ 75 mg PO x 1 STAT if greater than age 75 ☐ 75 mg PO x 1 STAT if greater than age 75 ☐ 75 mg PO x 1 STAT if greater than age 75 ☐ 75 mg PO x 1 STAT if greater than age 75 ☐ 75 mg PO x 1 STAT if greater than age 75 ☐ 75 mg PO x 1 STAT if greater than age 75 ☐ 75 mg PO x 1 STAT if greater than age 75 ☐ 75 mg PO x 1 STAT if greater than age 75 ☐ 75 mg PO x 1 STAT if greater than age 75 ☐ 75 mg PO x 1 STAT if greater than age 75	\checkmark	Tenecteplasemg IV STAT (as per weight	nt based dosing). Flush			
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 ✓ 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 Date: Time: Practitioner's Signature: Faxed to 	\checkmark	·				
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Date: Time: Practitioner's Signature: Faxed to						
Date: Time: Practitioner's Signature: Faxed to Date: Time: Transcriber's Signature: Pharmacy:	☐ 75 mg PO x 1 STAT if greater than age 75					
		Time: Practitioner's Signature: Transcriber's Signature:				

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(addressograph)

PRE-PRINTED ORDERS

ST Elevation Myocardial Infarction (STEMI)
Fibrinolysis Therapy – Tenecteplase (TNK)
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Transcribe all checked boxes as orders DESIGNATION, DATE AND TIME Anticoagulation In heparin units IV bolus X1 STAT (recommend 60 units/kg, maximum			
4000 units)			
✓ Initiate ACS Heparin Nomogram			
 ☑ Do not discontinue, hold or decrease heparin infusions for first 12 hours 			
unless significant bleeding or a PTT greater than 150 seconds			
Pain and Nausea			
□ nitroglycerin 1 spray (0.4mg) sublingual PRN for angina. May repeat			
q5minutes for a maximum 3 doses (cautious use with inferior-posterior MI)			
Hold if SBP less than or equal to 90 mmHg			
□ morphine 2 or 4 mg IV q10minutes PRN for chest pain (<i>cautious use with</i>			
inferior-posterior MI) Hold if SBP less than or equal to 90 mmHg			
✓ dimenhyDRINATE 25 to 50 mg PO/IV q4h PRN for nausea			
☑ 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)			
Additional Orders			

Date:	Time:	Practitioner's Signature:	Faxed to
Date:	Time:	Transcriber's Signature:	Pharmacy:

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