

**Generic Name:** Tenecteplase

**Type:** Recombinant Tissue Plasminogen activating agent

- Action:**
- Dissolves coronary artery thrombi facilitating myocardial reperfusion
  - Activates the fibrinolytic system to degrade the fibrin matrix of a thrombus

Route	Onset	Peak	Duration
N/A			

- Use:**
- C13 - Cardiac reperfusion - Prehospital Thrombolysis (PHT)

- Adverse Effects:**
- Intracranial haemorrhage
  - Reperfusion arrhythmias (usually self limiting)
  - Aggravation of any bleeding tendency

- Contraindications:**
- **Any exclusion via Prehospital Thrombolysis Checklist (R21)**
  - **Patients < 18 years of age**

- Preparation:**
- **50mg** vial & syringe containing 10mL sterile water
  - Reconstitute by dissolving the tenecteplase powder by completely adding the entire contents of the syringe containing 10mL of sterile water to the vial. The solution must be prepared immediately before use. Avoid foaming of the solution

- Notes:**
- Flush IV cannula with 10mL NaCl prior to administering tenecteplase
  - Flush IV cannula with 30mL NaCl between administration of tenecteplase and enoxaparin sodium



- **DO NOT ADMINISTER THROUGH A LINE THAT MAY HAVE CONTAINED GLUCOSE**

**Dose**

Patient	Clinical LVL	
<b>CARDIAC REPERFUSION - PREHOSPITAL THROMBOLYSIS (PHT)</b>		
<b>Indication - Confirmed ST Elevation Myocardial Infarction</b>		
≥ 18 - < 75	P1+	<b>Weight adjusted dose (refer to table) IV bolus</b> to a maximum of <b>50mg</b> administered 15 minutes prior to the first dose of enoxaparin sodium. No repeat, one dose maximum
≥ 75	P1+	<b>Weight adjusted dose (refer to table) IV bolus</b> to a maximum of <b>25mg</b> administered 15 minutes prior to the first dose of enoxaparin sodium. No repeat, one dose maximum

**Clinical Level Key:** <sup>1</sup>- Geographical Areas—Auth Paramedics Only, <sup>2</sup>- Under approved circumstances, <sup>3</sup>- ALS & ICP who have completed P1 training, <sup>4</sup>- P1 paramedics on completion of training package



**Weight adjusted intravenous (IV) tenecteplase dose table:****Always complete the Pre-Thrombolysis Checklist prior to administration**

- Flush IV cannula with 10mL NaCl prior to administering tenecteplase
- Flush IV cannula with 30mL NaCl between administration of tenecteplase and enoxaparin sodium
- **DO NOT ADMINISTER THROUGH A LINE THAT MAY HAVE CONTAINED GLUCOSE**

Patients stated weight		≥ 18 to < 75		≥ 75	
Kg	stone/lbs	mg	mL	mg	mL
< 60	< 9st 6lb	30	6	15	3
60 - 69	9st 6lb - 10st 13lb	35	7	17.5	3.5
70 - 79	11st - 12st 7lb	40	8	20	4
80 - 89	12st 8lb - 14st 2lb	45	9	22.5	4.5
≥ 90	14st 3lb or more	50	10	25	5

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Approved by: Executive Director Clinical Systems Integration

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