

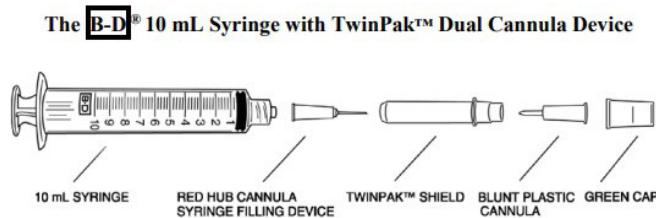
IV Tenecteplase for Acute Ischemic Stroke

Supplies:

- 1 50 mg vial of Tenecteplase; syringe and diluent supplied with Tenecteplase box
- 1 10 mL Saline Flush
- Medication label

Mixing

Remove the shield assembly from the supplied B-D 10 mL syringe with TwinPak Dual Cannula Device (see figure) and aseptically withdraw 10 mL of Sterile Water for Injection from the supplied diluent vial using the red hub cannula syringe filling device. **NOTE: DO NOT DISCARD THE SHIELD ASSEMBLY.**



1. Inject the entire contents of the syringe (10 mL) into the Tenecteplase vial directing the diluent stream into the powder. Slight foaming upon reconstitution is not unusual; any large bubbles will dissipate if the product is allowed to stand undisturbed for several minutes.
2. Gently swirl until contents are completely dissolved. **DO NOT SHAKE.** The reconstituted preparation results in a colorless to pale yellow transparent solution.
3. Final concentration of mixed Tenecteplase is **5 mg/mL**.
4. Review orders for dose to administer (Standard dose is 0.25 mg/kg, max dose 25 mg).
5. Calculate the dose:

IV Tenecteplase concentration = 5 mg : 1 mL

a. **Total Dose: MAX DOSE SHOULD NOT EXCEED 25 mg = 5 mL**

[Actual body weight (kg) x Standard Dose (mg/kg)] _____ kg x 0.25 mg/kg = _____ Total Dose mg

Total Dose mg = Total mL Dose
 $\frac{\text{Total Dose mg}}{5\text{mg/mL}} = \frac{\text{Total mL Dose}}{5\text{mg/mL}}$

EXAMPLE: $68.2\text{kg} \times 0.25\text{mg/kg} = 17.0\text{ mg}$ $17.0\text{ mg} / 5\text{mg/mL} = 3.4\text{ mL Total mL Dose}$

EXAMPLE: $111.4\text{kg} \times 0.25\text{mg/kg} = 27.9\text{mg}$ – however, maximum total dose is 25 mg (or 5mL)

$25\text{mg} / 5\text{mg/mL} = 5.0\text{ mL Total mL Dose}$

6. Withdraw the Total mL Dose from the reconstituted vial with the syringe. **Any unused solution should be discarded.**
7. Once the appropriate dose of Tenecteplase is drawn into the syringe, stand the shield vertically on a flat surface (with green side down) and passively recap the red hub cannula.
8. Remove the entire shield assembly, including the red hub cannula, by twisting counterclockwise.

2nd RN independently performs calculations and verifies total mL dose.

Administration:

1. Preferable to have two IV sites to prevent need for unnecessary sticks post treatment.
2. Verify patency of IV site by flushing with 10 mL Saline Flush.
3. Obtain full set of vital signs prior to administration (BP must be < 185/110 prior to administration and kept < 180/105 after administration).
4. Verify that NIH Stroke Scale has been conducted prior to initiating thrombolytic therapy
5. Do not administer Tenecteplase with any dextrose containing substances as this will cause precipitation.
6. Tenecteplase is given IV Push over 5 seconds.