

**CARDIAC THROMBOLYTIC  
THERAPY**

Original Date		Revision Date		Withdrawn Date	
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**CHECK ALL THAT APPLY**

- Admission actual body weight \_\_\_\_\_ kg
- Start a venous access site with a saline lock in a large vein or antecubital area opposite the IV site arm. Use this site to draw blood samples and to administer the thrombolytic agent if ordered below.
- Thrombolytic agent: TENECTEPLASE (TNKase) – Refer to computerized protocol for dosing

Patient weight (kg)	Tenecteplase dose (mg)	Volume to Admin (ml)
<input type="checkbox"/> Less than or equal to 59	30	6
<input type="checkbox"/> 60-69	35	7
<input type="checkbox"/> 70-79	40	8
<input type="checkbox"/> 80-89	45	9
<input type="checkbox"/> Greater than or equal to 90	50	10

**DO NOT ADMINISTER IN DEXTROSE CONTAINING LINES.**

Flush dextrose containing lines with normal saline prior to administration.

Administer dose as IV push over 5 seconds.

- After entire bolus dose of tenecteplase has been IV pushed, follow it with an IV push of 50 mL normal saline to ensure the patient obtains the full dose.
- INTRAVENOUS HEPARIN**
  - Draw baseline CBC, INR and PTT, unless already done.

Acute myocardial infarction treated with TNKase
Bolus: 60 units/kg Maximum 4000 units
Infusion: 12 units/kg/hour Maximum 1000 units/hour

- Refer to computerized protocol for dosing
- Heparin bolus of \_\_\_\_\_ (to the nearest 500 units)
- Start heparin infusion of \_\_\_\_\_ units/hour. (to the nearest 100 units)  
Use 500 ml bag of Heparin 50 units/ml in 5% Dextrose Injection
- Obtain ECG at 60 minutes after thrombolytic administration and
  - at cessation of chest pain.
  - if the chest pain reoccurs.

\_\_\_\_\_  
Physician Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_ : \_\_\_\_  
Date Time

PATIENT STICKER