Drug Therapy Protocols: Tenecteplase

<table>
<thead>
<tr>
<th>Policy code</th>
<th>DTP_TEN_0119</th>
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<tbody>
<tr>
<td>Date</td>
<td>January, 2019</td>
</tr>
<tr>
<td>Purpose</td>
<td>To ensure a consistent procedural approach to tenecteplase administration.</td>
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<tr>
<td>Scope</td>
<td>Applies to all Queensland Ambulance Service (QAS) clinical staff.</td>
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<tr>
<td>Health care setting</td>
<td>Pre-hospital assessment and treatment.</td>
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<tr>
<td>Population</td>
<td>Applies to all ages unless specifically mentioned.</td>
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<tr>
<td>Source of funding</td>
<td>Internal – 100%</td>
</tr>
<tr>
<td>Author</td>
<td>Clinical Quality &amp; Patient Safety Unit, QAS</td>
</tr>
<tr>
<td>Review date</td>
<td>January, 2022</td>
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**Tenecteplase**

**Drug class**
Fibrinolytic

**Pharmacology**
Tenecteplase is a thrombolytic agent which combines with the fibrin component of the thrombus and converts thrombus-bound plasminogen to plasmin. This degrades the fibrin matrix of the thrombus.[1–3]

**Metabolism**
Hepatic[1]

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**Indications**
- Patient with STEMI who meet the criteria for pre-hospital tenecteplase administration (as defined by the relevant QAS coronary artery reperfusion checklist)

**Contraindications**
- < 18 OR > 75 years
- Uncontrolled hypertension (systolic BP > 180 mmHg AND/OR diastolic BP > 110 mmHg at any stage during current acute episode)
- Allergy and/or Adverse Drug Reaction to tenecteplase, enoxaparin or clopidogrel (as appropriate)
- Left BBB identified on 12-Lead ECG
- Current or history of thrombocytopenia

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**Contraindications (cont.)**
- Active tuberculosis
- Ischaemic stroke or Transient Ischaemic Attack (TIA) within last 3 months
- History of significant closed head or facial trauma within last 3 months
- Suspected aortic dissection (including new neurological symptoms)
- History of major trauma or surgery (including laser eye surgery) within last 6 weeks
- Internal bleeding (e.g. gastrointestinal (GI) / urinary tract bleed) within last 6 weeks (excluding menses)
- Bleeding or clotting disorder (e.g. haemophilia)
- Current use of anticoagulants (e.g. warfarin)
- Non-compressible vascular punctures
- Prolonged (> 10 minutes) cardio pulmonary resuscitation (CPR)
- Known to be pregnant or delivered within the last 2 weeks
- History of serious systemic disease (e.g. advanced / terminal cancer, severe liver or kidney disease)
- Resident of an aged care facility requiring significant assistance with activities of daily living
- Acute myocardial infarction in the setting of trauma
**Precautions**

- Nil

**Side effects**

- Haemorrhage
- Post-administration dysrhythmias

**Presentation**

- Injection, (powder and solvent) 50 mg (10,000 IU) graduated syringe *tenecteplase*

<table>
<thead>
<tr>
<th>Onset (IV)</th>
<th>Duration (IV)</th>
<th>Half-life</th>
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<tr>
<td>(IV) 15 minutes</td>
<td>Several hours</td>
<td>≈ 2 hours</td>
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</table>

**Schedule**

- S4 (Restricted drugs)

**Routes of administration**

- Intravenous injection (IV)

**Special notes**

- Ambulance officers must only administer medications for the listed indications and dosing range. Any consideration for treatment outside the listed scope of practice requires mandatory approval via the QAS Clinical Consult and Advice Line.
- Increased scrutiny and threshold must be applied to patients < 35 years due to the increased likelihood of STEMI mimics such as pericarditis. Paramedics should exercise extreme caution and demonstrate a low threshold for waiting to gain a second opinion at the receiving emergency department.
- If doubt exists regarding the diagnosis of STEMI the QAS paramedic is not to administer reperfusion therapy.
- Tenecteplase must be reconstituted by adding the complete volume of water for injection from the pre-filled syringe to the vial containing the powder for injection. This should be done slowly to avoid foaming. The powder should be reconstituted by swirling gently. The appropriate amount should be withdrawn from the vial for injection.
- Tenecteplase is only to be reconstituted and prepared by officers with current QAS tenecteplase administration authority.
- The routine administration of fibrinolysis for the treatment of out-of-hospital cardiac arrest is not recommended.
Adult dosages

Patients with STEMI who meet the criteria for pre-hospital tenecteplase administration (as defined by the relevant QAS coronary artery reperfusion checklist)

Weight calculated dose (as listed below) administered into a pre-existing IV line containing sodium chloride 0.9% over 10 seconds.

<table>
<thead>
<tr>
<th>Patient weight (kg)</th>
<th>Tenecteplase dose to be administered (mg)</th>
<th>Corresponding volume of reconstituted solution (mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 60</td>
<td>30</td>
<td>6</td>
</tr>
<tr>
<td>≥ 60 – &lt; 70</td>
<td>35</td>
<td>7</td>
</tr>
<tr>
<td>≥ 70 – &lt; 80</td>
<td>40</td>
<td>8</td>
</tr>
<tr>
<td>≥ 80 – &lt; 90</td>
<td>45</td>
<td>9</td>
</tr>
<tr>
<td>≥ 90</td>
<td>50</td>
<td>10</td>
</tr>
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Paediatric dosages

**Note:** QAS officers are NOT authorised to administer tenecteplase to paediatric patients.
1. Open the box of the vial adapter.

2. Remove the flip off cap from the vial.

3. Penetrate the vial stopper in the middle with the spike of the adapter.

4. Remove the cap from the syringe. Screw the pre-filled syringe on the vial adapter tightly.

5. Add the water for injection by pushing the syringe plunger slowly down to avoid foaming.

6. Reconstitute by swirling gently.

7. Invert vial/syringe and transfer appropriate volume of solution into syringe according to dosing instructions.

8. Disconnect syringe from the vial-adapter. Now the solution is ready for IV bolus injection.