|  |  |
| --- | --- |
| **Action** | **Standard** |
| **Weigh Patient & Assessment** | 1. Obtain a measured weight and document in kilograms. DO NOT USE a stated or estimated weight.
 |
| 1. NIH Stroke Scale and vitals prior to tenecteplase administration
 |
| **Reconstitution of Tenecteplase** | 1. Perform hand hygiene.
 |
| 1. Remove the shield assembly from the supplied B-D 10 mL syringe with TwinPak™ Dual Cannula Device.
 |
| 1. Aseptically WITHDRAW 10 mL of Sterile Water for Injection, USP, using the B-D 10 mL syringe with TwinPak™ Dual Cannula Device included in the kit. Do not use Bacteriostatic Water for Injection, USP.
 |
| 1. INJECT entire contents (10 mL) into the tenecteplase vial, directing the diluent 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.
 |
| 1. GENTLY SWIRL until contents are completely dissolved. DO NOT SHAKE. Solution should be colorless or pale yellow and transparent.
2. Inspect solution for particulate matter and discoloration prior to administration.
3. Note: Tenecteplase should be USED UPON RECONSTITUTION. If not used, follow facility policy.
4. Tenecteplase contains no antibacterial preservatives; it should be reconstituted immediately before use.
 |
| 1. Final concentration of reconstituted tenecteplase is 5 mg/mL.
 |
| 1. No other medication to be given with tenecteplase.
 |
| **Dosage** **Calculation** | 1. Dose 0.25mg/kg
2. **Maximum dose: 25mg**
3. Confirm calculated dose per electronic provider order.
 |
| **Dosage Preparation** | 1. Withdraw dose for administration.
2. Once the appropriate dose of tenecteplase is drawn into the syringe, stand the shield vertically and recap the red tab cannula.
3. Perform **Independent Double Check** (required) to include ordered dose, medication, patient weight in kilograms, and prepared dose.
 |
|  | 1. Discard excess medication and vial via facility disposal process prior to administration.

**Note**: There will always be unused medication remaining after the dose is administered. |
| **Pharmacy staff validation items** **1-19** | **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evaluator full name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Evaluator signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Time Out** | 1. Complete verbal **Time Out** with provider to confirm: 1) No contraindications, 2) BP < 185/110 mmHg, 3) Agreement consent by patient/proxy received, and 4) Working IV in place.
 |
| **Tenecteplase Administration** | 1. **No Flushes before or after administration of Tenecteplase, unless dextrose –containing lines**
 |
| 1. Dextrose-containing lines should be flushed with a saline-containing solution **prior and following** to administration of Tenecteplase
 |
| 1. Administer the Tenecteplase dose over 5 seconds.
 |
|  | 1. Document administration time in eMAR. NOTE: Scan medication label prior to administration.
 |
| **Monitoring** | 1. Assess patient for signs of bleeding, severe headache, nausea and/or vomiting, change in level of consciousness, neurological deterioration, angioedema and vital sign changes
2. Initiate bleeding precautions per facility policy.
 |
| 1. Monitoring and document requirements
	1. NIH Stroke Scale post-administration of tenecteplase
	2. Monitor for bleeding, neuro checks, and vitals at minimum:
		1. Every 15 min for 2 hours
		2. Then, every 30 min for 6 hours
		3. Then, every hour for 16 hours
	3. Monitor for angioedema
		1. Every 15 min for 2 hours,
		2. then, every 30 min for 4 hours
 |
| 1. Notify MD if any of the following (including by not limited to):
	1. Change in neuro status
	2. Signs of bleeding
	3. Signs of angioedema
	4. SBP > 180 mmHg or DBP > 105 mmHg
 |
| 1. Observe for signs and symptoms of reperfusion: e.g. neurological improvement.
 |
| 1. Assess for possible re-occlusion: worsening, return or new neurological symptoms.
 |
| **Patient Education** | 1. Provide patient/support person with education on bleeding precautions, soft bristled toothbrushes, no razors, gentle hygiene, and level of activity.
 |

06/23/2022