



For Back Up Use

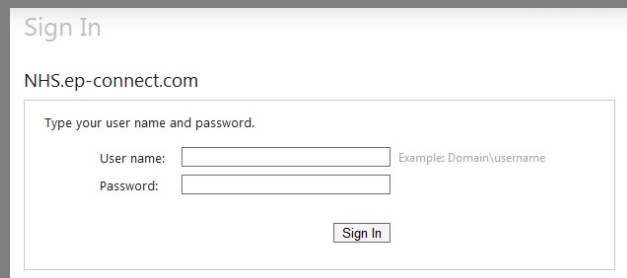
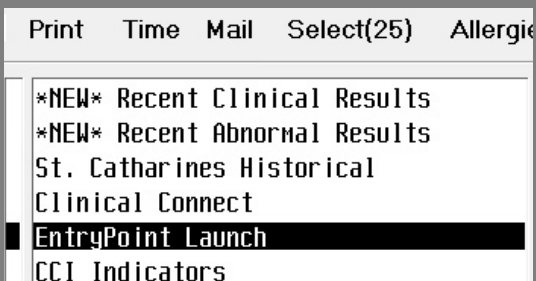
This copy of the Orderset is for Information & BackUp purposes only.

It is intended for use during downtimes.

**For daily use, please access the version on
EntryPoint**

To launch EntryPoint, go to PCI (Patient Care Inquiry) in Meditech. Look for “EntryPoint Launch” and follow the instructions. Log in using your PACS (or Outlook) username and password in lowercase.

Thanks.



Height _____ cm Weight _____ kg

Allergies _____

Tenecteplase (TNKase®) Order Set

M K O

Orders
Processed
Date
(dd/mm/yyyy)

Patient Population

- STEMI (ST elevation myocardial infarction) patients with onset of symptoms up to 12 hours.
 - If onset of symptoms greater than 12 hours speak with Interventional Cardiology before proceeding with thrombolysis

**** Discuss case with Hamilton HIU interventionist to review disposition/transfer if tenecteplase is given. DO NOT delay tenecteplase administration for this reason****

Time (hhmm)

Thrombolytic Contraindications: Check relevant contraindications

Absolute Contraindications

Relative Contraindications

By

Active bleeding (excluding menses), known bleeding diathesis

History of chronic, severe, poorly controlled hypertension

Status

History of any intracranial hemorrhage

Significant hypertension on presentation (Systolic BP greater than 180 mmHg and or diastolic BP greater than 110 mmHg)

Processing
Reviewed by

History of ischemic stroke within 3 months

History of prior ischemic stroke more than 3 months ago

Status

Intracranial or intraspinal surgery or trauma within 2 months

Dementia

Known structural cerebral vascular lesion (e.g. arteriovenous malformation) or aneurysm

Known intracranial pathology not covered in absolute contraindications

Faxed by

Known malignant intracranial neoplasm

Traumatic or prolonged CPR (greater than 10 minutes)

Known Intracranial malignancy

Recent (within 3 weeks) major surgery (CABG, obstetrical delivery, organ biopsy, etc.)

Severe uncontrolled hypertension (unresponsive to emergency therapy)

Recent (within 2 to 4 weeks) internal bleeding

Suspected aortic dissection

Non-compressible vascular punctures

Significant closed head or facial trauma within 3 months

Pregnancy

Acute Pericarditis

Endocarditis

Active peptic ulcer

Patients on oral anticoagulant therapy

Telephone Order _____
Ordering Practitioner, Designation Signature Date/Time (dd/mm/yyyy hhmm)

If Telephone Order _____ Read Back
Ordering Physician Date (dd/mm/yyyy) Time (hhmm)

Rev. 04/2020/V9 ORD7 (900441)



Chart Copy – Do Not Destroy

Height _____ cm Weight _____ kg

Allergies _____

Tenecteplase (TNKase®) Order Set		M	K	O
Orders Processed Date (dd/mm/yyyy)	Vitals/Monitoring <input checked="" type="checkbox"/> Temp, HR, RR, BP, SpO ₂ q _____ h and PRN <input checked="" type="checkbox"/> Continuous Cardiac Monitoring			
Time (hhmm)	Oxygen Therapy <input checked="" type="checkbox"/> Titrate O ₂ to keep SpO ₂ greater than 92% and less than 96%			
By	Diagnostics and Lab Investigations Lab Investigations on admission (if not already done in ED) <input checked="" type="checkbox"/> CBC <input checked="" type="checkbox"/> INR <input checked="" type="checkbox"/> Creatinine <input checked="" type="checkbox"/> Urea <input checked="" type="checkbox"/> aPTT <input checked="" type="checkbox"/> Group and Screen <input checked="" type="checkbox"/> Na, K, Cl, TCO ₂ (LYTA) <input checked="" type="checkbox"/> Glucose <input checked="" type="checkbox"/> Troponin <input checked="" type="checkbox"/> Magnesium <input type="checkbox"/> Additional Labs: _____			
Status	<input checked="" type="checkbox"/> CXR PA and Lateral (if not done on admission) Reason: _____ <input checked="" type="checkbox"/> Repeat ECG q 30 minutes x 3 post-tenecteplase administration			
Processing Reviewed by	IV Fluids <input checked="" type="checkbox"/> Start a minimum of two (2) IV's <input checked="" type="checkbox"/> IV: 18 gauge 0.9% sodium chloride TKVO for tenecteplase THEN convert to saline lock <input checked="" type="checkbox"/> sodium chloride 0.9% at _____ mL/h <input type="checkbox"/> sodium chloride 0.9% _____ mL IV bolus for MAP less than 65 mmHg OR SBP less than 90 mmHg THEN _____ mL/h			
Status				
Faxed by	Antiplatelets <input checked="" type="checkbox"/> Give acetylsalicylic acid (ASA) 160 mg PO (2 x 80 mg) chew and swallow STAT (if not already administered by EMS) <input type="checkbox"/> clopidogrel 300 mg PO STAT if under 75 years of age <input type="checkbox"/> clopidogrel 75 mg PO STAT (if over 75 years of age)			
Status	Symptom Management <input type="checkbox"/> morphine _____ mg IV q _____ minutes PRN until chest pain relieved <input type="checkbox"/> nitroglycerin IV 50 mg/250 mL 5% dextrose in water. Start at _____ micrograms/minute, titrate q5minutes to a maximum of 200 micrograms/minute to keep systolic BP 90 mmHg or greater <input type="checkbox"/> dimenhydrinate 25 - 50 mg IV q4h PRN for nausea (for patients at low risk for falls and/or delirium) <input type="checkbox"/> Other: _____			

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Height _____ cm Weight _____ kg

Allergies _____

Tenecteplase (TNKase®) Order Set

M K O

Orders Processed Date (dd/mm/yyyy)

Thrombolytic Therapy

****For elderly patients above 75 years of age use half the dose of tenecteplase****

- tenecteplase is a High Risk, High Alert medication which requires Independent Double Checks according to NH policy
- tenecteplase _____ mg IV STAT as a single bolus over 5 seconds. Refer to tenecteplase dosing chart below

Time (hhmm)

Tenecteplase Dosing Chart (5 mg/mL)

Patient Weight: _____ kg		Tenecteplase Dose (mg)	Volume of Tenecteplase (mL)
(kg)	(lb)		
Less than or equal to 59.9	Less than 132	30	6
60 – 69.9	132 to less than 154	35	7
70 – 79.9	154 to less than 176	40	8
80 – 89.9	176 to less than 198	45	9
Greater than or equal to 90	Greater than and equal to 198	50	10

By _____

Status _____

Processing Reviewed by _____

Status _____

Faxed by _____

Anticoagulation Therapy

- Heparin (low dose) for Acute Coronary Syndrome (ACS) and ST Elevation Myocardial Infarction (STEMI) Order Set (Prescriber to Complete)
- Maintain aPTT at 50 – 75 seconds
- For patients receiving tenecteplase: aPTT at 6 hours and 12 hours after tenecteplase bolus given
- For aPTT results at 6 hours after the tenecteplase bolus given:
 - increase heparin rate according to adjustment table if aPTT is less than 50, but do not give bolus; notify physician if aPTT is less than 28
 - Do NOT change rate or hold if aPTT is above target of 50 – 75 seconds
 - Notify physician if aPTT is greater than 110
- Starting at 12 hours after tenecteplase bolus, make all adjustments as per heparin infusion adjustment table
- Reassess after 48 hours

Follow-up

Consult Dr. _____ - Service _____

Additional Orders

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