

REGISTERED NURSE

rtPA-TNK TREATMENT PACK



rtPA-TNK (TENECTEPLASE) DOSING CHART

DURING rtPA-TNK (TENECTEPLASE) STANDING ORDER

SNOBS

rtPA-TNK (tenecteplase)

DOSING CHART

PATIENT NAME:

Patient's weight

kg

Tenecteplase 0.25mg/kg comes as one single vial of powder for reconstitution, regardless of the patient. The dosing for Tenecteplase 0.25mg/kg is simple with only 5 weight-based tiers:

Calculate the dose based on the patient's body weight	
Weight (kg)	Dose
< 60	3 ml (15 mg)
≥ 60 to < 70	3.5 ml (17.5 mg)
≥ 70 to < 80	4 ml (20 mg)
≥ 80 to < 90	4.5 ml (22.5 mg)
≥ 90	5 ml (25mg)

Tenecteplase 0.25mg/kg is administered by a single IV bolus over 5 to 10 seconds, eliminating the need for a one-hour infusion, as required for Alteplase. Tenecteplase is quick and easy to use and does not require an infusion pump - simplifying preparation, saving time and cost, as well as reducing dosing errors.

Reference: Metalyse® European Summary of Product Characteristics.
Menon BK, et al. Lancet 2022; 400: 161-169.
Bivard A, et al. Lancet Neurol. 2022; 21: 520-27.
Actilyse® European Summary of Product Characteristics
Dancsecs K. A. et al. Am J Emerg Med. 2021;47:90-94.

These checklists are provided as an example. Please adapt to your local regulations and prescribing information before use.

After rtPA-TNK (tenecteplase) STANDING ORDER

After rtPA-TNK (tenecteplase) TREATMENT please carry out the following orders as appropriate

Completed	Comments	Completed	Comments
Notify stroke specialist on call if severe headache, decreased level of consciousness, severe bleeding or breathing difficulty occurs ☐		Cardiac monitoring and vitals signs (BP, HR, cardiac rhythm, sat pO₂, Temp, RR) Q30min x 3, Q1h x 6 then Q3h x 10 ☐	
Perform SNOBS neurological examination of the patient after thrombolysis every 30 minutes over the next 6 hours and then hourly up to 24 hours after rtPA-TNK administration. If bleeding occurs or the neurological status deteriorates, the doctor should be informed immediately ☐		O₂ 2-4L/min nasal cannula to keep O₂ saturation > 94% ☐	
The blood pressure should be measured every 15 minutes in the first 2 hours after the start of treatment, every 30 minutes for the next 6 hours, and then hourly up to 24 hours after the rtPA-TNK treatment ☐		Bed rest for 24 hours ☐	
NO platelet aggregation inhibitors (e.g. ASA, ticlopidine, clopidogrel, dipyridamole, or non-steroidal anti-inflammatories) or intravenous heparin for 24 hours after the infusion. Thereafter, in the presence of an indication for heparin for other reasons (e.g. for the prevention of deep vein thrombosis), the daily dose must not exceed 10,000 IU subcutaneously ☐		Keep NPO till swallowing screen has been done. If dysphagia present keep NPO & repeat screen in 24h ☐	
Admit to Stroke Unit or ICU for 48-72 h, then shift to general ward if stable ☐		Repeat CBC and platelet count, PTT, INR 24 hours post rtPA-TNK ☐	
CT scan of head repeated STAT if decreased level of consciousness or new deficit (notify treating team) ☐		Avoid venipuncture for the first 24 hours unless absolutely necessary ☐	
		Avoid skin punctures if possible for 24 hours ☐	
		Do not use non-compressible sites such as subclavian and internal jugular veins. The femoral and brachial sites are acceptable for central line placement if needed ☐	
		Observe for facial, tongue, and/or pharyngeal angioedema right after rtPA-TNK administration and for 24 hours afterwards ☐	
		NIHSS score 24 hours post rtPA-TNK ☐	
		Modified Rankin Score 24 h post rtPA-TNK ☐	

SNOBS

Standardised Nursing Observations for Stroke

Deterioration is defined as a ≥ 2 point worsening in either conscious level, arm, leg or eye movement scores, and/or a ≥ 3 point worsening in speech score, between consecutive neurological assessments.

- Scores should represent what is seen at each time point, not what the assessor thinks they can see.
- First impressions should be recorded by ticking one box in each category.
- Any reduction in score, in any category, should be confirmed by repeat observation by another nurse.

			MINUTES				HOURS											
			Base-line	15	30	45	1	1.5	2	2.5	3	3.5	4	4.5	5	5.5	6	
Conscious level	Fully conscious, alert	6																
	Sleepy, can be awakened to full consciousness	4																
	Reacts to voice/stimulus, cannot be fully awakened	2																
	Coma: no response to stimulus	0																
Speech & communication	Normal, no communication difficulty	10																
	Mild communication difficulty	6																
	Moderate difficulty, no proper sentences	3																
	Severe difficulty, 1 or 2 words or fewer	0																
Eye movements	Normal conjugate movement, eyes move left and right equally	4																
	Difficulty looking to affected side (lateral paresis)	2																
	Eyes deviated at rest (away from affected side)	0																
Arm	Raises arm, normal strength	6																
	Raises arm with reduced strength, elbow straight	5																
	Raises arm against gravity with bent elbow	4																
	Can move arm but not against gravity	2																
	Paralysed, no movement	0																
Leg	Raises leg, normal strength	6																
	Raises straight leg with reduced strength	5																
	Raises leg against gravity but with bent knee	4																
	Can move leg but not against gravity	2																
	Paralysed, no movement	0																