Unique Plan Description: Chest Pain tenecteplase (TNKase)
Available at:  
- BHMH
- C A DEAN HOSPIT
- EMMC
- INLAND HOSPITAL
- MERCY HOSPITAL
- SVH
- TAMC - THE AROO

Chest Pain tenecteplase (TNKase)

Admit/Dischg/Transfer
- □ Transfer Level of Care Patient Placement Critical Care
- □ Transfer Request Doctor Request
- □ Transfer Review Complete
- □ Provider Consult Inland As soon as a decision is made to treat with tenecteplase (TNKase), the Interventional Cardiologist at EMMC should be paged (via 973-9000) to discuss the case, unless the outside provider does not plan on transferring the patient.
- □ Provider Communication (EMMC) As soon as a decision is made to treat with tenecteplase (TNKase), the Interventional Cardiologist should be paged to discuss the case, unless the outside provider does not plan on transferring the patient.

Patient Care
- ☑ Neuro Checks (Frequent) During tenecteplase (TNKase) administration, one hour post-administration, then Every 4 hours x 24 hours (Duration 28 hours).
- ☑ Precautions Anticoagulation Precautions,
  - (1) Post a Bleeding Precautions Sign,
  - (2) NO nasogastric tube,
  - (3) Discontinue Heparin infusion if bleeding occurs, obtain a Stat CBC without Differential, and notify provider,
  - (4) Avoid IM injections.

***Gastroccult or Hemoccult all body fluids post-tenecteplase (TNKase) and while on anticoagulation.***
- ☑ Hemoccult POC Gastroccult or Hemoccult all body fluids post-tenecteplase (TNKase) and while on anticoagulation.
- ☑ Gastroccult POC Gastroccult or Hemoccult all body fluids post-tenecteplase (TNKase) and while on anticoagulation.
- □ Hemoccult Stool #1 Gastroccult or Hemoccult all body fluids post-tenecteplase (TNKase) and while on anticoagulation.
- □ Gastroccult Gastroccult or Hemoccult all body fluids post-tenecteplase (TNKase) and while on anticoagulation.
- □ Urinalysis Screen Gastroccult or Hemoccult all body fluids post-tenecteplase (TNKase) and while on anticoagulation.

Medications
- □ aspirin 324 mg, Chew tab, PO, ONCE Comments: Administer four 81 mg tablets
- □ aspirin
  - □ 81 mg, Chew tab, PO, Daily (DEF)*
  - □ 324 mg, Chew tab, PO, Daily

Clopidogrel (Plavix) 300 mg should be administered only to patients less than or equal to 75 years of age.
- □ Plavix
  - □ 300 mg, Tab, PO (Loading), ONCE, STAT, For patients less than or equal to 75 years of age Comments: For patients less than or equal to 75 years of age
  - □ 75 mg, Tab, PO, ONCE, STAT, For patients greater than 75 years of age Comments: For patients greater than 75 years of age
- □ +9 Hours Plavix 75 mg, Tab, PO, Daily Comments: Give at least 9 hours post loading dose.
Metoprolol (Lopressor) is generally acutely used only in patients who are normo-to-hypertensive and tachycardic (care needs to be taken in anyone who has clinical findings of shock, right ventricular infarction conduction system disease, and most inferior infarcts).

Consider 5 mg IV metoprolol (Lopressor) for heart rate over 100 if systolic pressure over 120.

- Lopressor 5 mg = 5 mL, Soln, IVP, Every 5 Minute Interval, 3 Doses/Times
- Nitroglycerin 0.4 mg, Tab, SL, Every 5 Minute Interval, PRN, Chest Pain Comments: Every 5 minutes x 3 as needed for chest pain.
- Nitroglycerin 100mg/250mL D5W Tot Vol: 250 mL, Titrate, Soln, IV Comments: Titrate 40 - 300 mcg/min to keep systolic BP less than 150 mmHg, Contraindicated with right ventricular infarcts

Protonix
- 40 mg, EC Tablet, PO, Daily
- 40 mg, EC Tablet, PO, Twice Daily

Consider lower dose tenecteplase (TNKase) in patients greater than or equal to 75 years of age, especially persons less than or equal to 60 kg.

There is little evidence to support using tenecteplase (TNKase) in the very elderly (over 85), and one should carefully weigh the risks and benefits of TNKase (versus primary PCI) in patients presenting beyond 3 hours after chest pain onset who are at increased risk of intracranial bleeding.

Tenecteplase (TNKase) is incompatible with all dextrose solutions - all dextrose containing lines should be flushed with NS before administration.

- TNKase
  - 30 mg, Soln, IVP, ONCE, Weight less than 60 kg; *NOTIFY CARDIOLOGY WHEN ADMINISTERED*
    Comments: Dilute TNKase 50 mg vial with 10 mL sterile water = 5 mg/mL TNKase solution. Administer weight-based dose IVP over 5 seconds
  - 35 mg, Soln, IVP, ONCE, Weight 60 to 69.9 kg; *NOTIFY CARDIOLOGY WHEN ADMINISTERED*
    Comments: Dilute TNKase 50 mg vial with 10 mL sterile water = 5 mg/mL TNKase solution. Administer weight-based dose IVP over 5 seconds
  - 40 mg, Soln, IVP, ONCE, Weight 70 to 79.9 kg; *NOTIFY CARDIOLOGY WHEN ADMINISTERED*
    Comments: Dilute TNKase 50 mg vial with 10 mL sterile water = 5 mg/mL TNKase solution. Administer weight-based dose IVP over 5 seconds
  - 45 mg, Soln, IVP, ONCE, Weight 80 to 89.9 kg; *NOTIFY CARDIOLOGY WHEN ADMINISTERED*
    Comments: Dilute TNKase 50 mg vial with 10 mL sterile water = 5 mg/mL TNKase solution. Administer weight-based dose IVP over 5 seconds
  - 50 mg, Soln, IVP, ONCE, Weight greater than 89.9 kg; *NOTIFY CARDIOLOGY WHEN ADMINISTERED*
    Comments: Dilute TNKase 50 mg vial with 10 mL sterile water = 5 mg/mL TNKase solution. Administer weight-based dose IVP over 5 seconds

- Reference BHMH Recommended initial Heparin bolus = 60 units/kg (4000 units max) and initial rate = 12 units/kg/hr (1000 units/hr max)
- Reference CADean Recommended initial Heparin bolus = 60 units/kg (4000 units max) and initial rate = 12 units/kg/hr (1000 units/hr max)
- Reference EMMC Recommended initial Heparin bolus = 60 units/kg (4000 units max) and initial rate = 12 units/kg/hr (1000 units/hr max)
- Reference Inland Recommended initial Heparin bolus = 60 units/kg (4000 units max) and initial rate = 12 units/kg/hr (1000 units/hr max)
- Reference TAMC Recommended initial Heparin bolus = 60 units/kg (4000 units max) and initial rate = 12 units/kg/hr (1000 units/hr max)
- Reference SVH Recommended initial Heparin bolus = 60 units/kg (4000 units max) and initial rate = 12 units/kg/hr (1000 units/hr max)
Compatibility with Heparin is variable and lines should be flushed before Heparin bolus is administered.

- Heparin Cardiac WITH Bolus (BHMH)(SUB)*
- Heparin Cardiac WITH Bolus (CADean)(SUB)*
- Heparin Cardiac WITH Bolus (Inland)(SUB)*
- Heparin Cardiac WITH Bolus (TAMC)(SUB)*
- Heparin Infusion Orders (Cardiac-WITH TNKase)(SUB)*
- Heparin WITH Bolus (WITH TNKase) (SVH)(SUB)*
- Unfractionated Cardiac Heparin Protocol (WITH TNKase)(SUB)*

**Laboratory**

- Chest Pain Biomarker (Troponin) Protocol(SUB)*
- Chest Pain Biomarker (Troponin) Protocol.(SUB)*
- Troponin I Protocol Orders(SUB)*
- Troponin I Protocol(SUB)*
- Troponin T (Random) **BLOOD, Stat**
- Troponin I **BLOOD, Stat**
- Cardiac Injury Series (CADN) **BLOOD, Stat**
- Type & Screen **BLOOD, Stat**
- Type & Screen **BLOOD, Stat**
- Ptrotime (PT) INR **BLOOD, Stat**
- PTT (Partial Thromboplastin Time) **BLOOD, Stat**
- CBC without Differential **BLOOD, Stat**
- Basic Metabolic Panel **BLOOD, Stat**
- Magnesium Level **BLOOD, Stat**
- Lipid Profile with Reflex **BLOOD, AM, Fasting**

**Tests/Procedures**

- Provider Communication ***Obtain EKG 20 minutes after TNKase administration.***
- EKG Standard Expedite, ONCE, TNKase administration, Obtain 20 minutes after TNKase administration.
- EK ECG Standard Expedite, ONCE, TNKase administration, Obtain 20 minutes after TNKase administration.
- EK Electrocardiogram Standard Expedite, ONCE, TNKase administration, Obtain 20 minutes after TNKase administration.
- EKG PRN Chest Pain (place order) Please repeat EKG with any change in patient condition after TNKase administration.
- EKG Standard Routine, Every AM, 2, Days, Post TNKase
- EK ECG Standard Routine, Every AM, 2, Days, Post TNKase
- EK Electrocardiogram Standard Routine, Every AM, 2, Days, Post TNKase

**Non Categorized**

Providers must exercise independent clinical judgment when using order sets.