

STREPTOKINASE

Class: Fibrinolytic (thrombolytic) agent.

Indications: Acute MI, lysis of intracoronary thrombi, improvement of ventricular function, and reduction of mortality associated with acute MI (IV or intracoronary route); reduction of infarct size and CHF associated with acute MI (IV); lysis of objectively diagnosed (eg, angiography) pulmonary emboli (involving obstruction of blood flow to a lobe or multiple segments, with or without unstable hemodynamics); lysis of objectively diagnosed (eg, ascending venography), acute, extensive thrombi of the deep veins (eg, those involving the popliteal vessels); lysis of acute arterial thrombi and emboli; alternative to surgical revision for clearing totally or partially occluded arteriovenous cannulae when acceptable flow cannot be achieved.

Available dosage form in the hospital: 1500000 IU INJ,(250000 IU,750000 IU VIAL

Dosage:

-Acute Evolving Transmural MI: IV infusion Administer as soon as possible after symptom onset (greatest benefit when administered within 4 h, but benefit has been reported up to 24 h). Infuse a total dose of 1,500,000 units within 60 min. Intracoronary infusion Administer 20,000 units by bolus followed by 2000 units/min for 60 min (total dose, 140,000 units).

-Pulmonary Embolism, Deep Vein Thrombosis (DVT), Arterial Thrombosis, or Embolism: IV infusion Administer as soon as possible after onset of thrombotic event, preferably within 7 days. A loading dose of 250,000 units infused into a peripheral vein over 30 minutes has been found appropriate in over 90% of patients. If thrombin time or any parameter of lysis after 4 h of therapy is not significantly different from the normal control level, discontinue streptokinase because excessive resistance is present. Dose and duration of therapy (following the loading dose of 250,000 units/30 min): pulmonary embolism 100,000 units/h for 24 h (72 h if concurrent DVT is suspected); DVT 100,000 units/h for 72 h; arterial thrombosis or embolism 100,000 units/h for 24 to 72 h.

-Arteriovenous Cannulae Occlusion: Slowly instill 250,000 in 2 mL of solution into each occluded limb of the cannula. Clamp off cannula limb(s) for 2 h. Closely observe patient for adverse effects. After treatment, aspirate contents of infused cannula limb(s) and flush with saline before reconnecting cannula.

Common side effect: Cardiovascular: Hypotension (sometimes severe). Hematologic: Bleeding (major and minor). Respiratory: Respiratory depression. Miscellaneous: Allergic reactions (eg, fever and shivering, urticaria, itching, flushing, nausea, headache, musculoskeletal pain); anaphylactic and anaphylactoid reactions (ranging from minor breathing difficulty to bronchospasm, periorbital swelling or angioneurotic edema); transient elevations of serum transaminases; back pain.

Pregnancy Risk Factor: C