TENECTEPLASE

Class: Thrombolytic Agent

Indications : Management of ST-elevation myocardial infarction (STEMI) for the lysis of thrombi in the coronary vasculature to restore perfusion and reduce mortality.

At non-PCI-capable hospitals, the ACCF/AHA recommends thrombolytic therapy administration when the anticipated first medical contact (FMC)-to-device time at a PCI-capable hospital is >120 minutes due to unavoidable delays.

Available dosage form in the hospital: 10000 U VIAL

Dosage:

STEMI: I.V.: The recommended total dose should not exceed 50 mg and is based on weight. Administer as a single bolus over 5 seconds:

- <60 kg: 30 mg
- ≥60 to <70 kg: 35 mg
- ≥70 to <80 kg: 40 mg
- ≥80 to <90 kg: 45 mg
- ≥90 kg: 50 mg

Note: Thrombolytic should be administered within 30 minutes of hospital arrival. Administer concurrent aspirin, clopidogrel, and anticoagulant therapy (ie, unfractionated heparin, enoxaparin, or fondaparinux) with tenecteplase (O'Gara, 2013).

Geriatric:

Refer to adult dosing. Although dosage adjustments are not recommended, the elderly have a higher incidence of morbidity and mortality with the use of tenecteplase.

Renal Impairment;
No dosage adjustment provided in manufacturer's labeling; tenecteplase is not renally eliminated.

Hepatic Impairment:
No dosage adjustments recommended by the manufacturer for patients with mild-to-moderate hepatic impairment. In patients with severe hepatic failure weigh the risk of bleeding against the benefits with tenecteplase especially in those with a coagulopathy

Common side effect: Local: Hematoma (12% minor). Hematologic: Bleeding

Pregnancy Risk Factor: C