

# STRAC Regional Cardiac Systems Committee Fibrinolytic Administration Guidelines

**FINAL**

FMC to Balloon <120 mins transfer to Cath Lab for Primary PCI.  
FMC to Balloon > 120 mins - Give thrombolytic < 30 mins from FMC to transfer.

The purpose of the STRAC Regional Cardiac Systems Committee Fibrinolytic Administration Guidelines is to offer consistent guidance for the care of the STEMI patient across the region. In addition to administration of fibrinolytics, additional therapy should be followed per AHA guidelines for patients receiving lytic therapy.

## Antiplatelet: Clopidogrel / Plavix

### 1. Complete Patient Selection Criteria Below:

#### INCLUSION CRITERIA

##### Y N (check one)

- Presentation consistent with AMI
- EKG evidence of AMI (ST elevation)
- Onset of symptoms less than 12 hrs.
- Evidence of ongoing ischemia

#### EXCLUSION CRITERIA

Refer to Package Insert for Exclusions & Contraindications

### 2. Clopidogrel / Plavix dosing guidelines\*

#### <75 years

- 300 mg loading dose
- Concomitant therapy with aspirin: Administer in combination with aspirin 75-325 mg

#### >75 years

- No loading dose
- 75 mg

## IV heparin or IV Enoxaperin *prior to TNKase* dosing guidelines

### 1. Complete Patient Selection Criteria Below:

#### INCLUSION CRITERIA

##### Y N (check one)

- Presentation consistent with AMI
- EKG evidence of AMI (ST elevation)
- Onset of symptoms less than 12 hrs.
- Evidence of ongoing ischemia

#### EXCLUSION CRITERIA

Refer to Package Insert for Exclusions & Contraindication

### 2. IV heparin or IV Enoxaperin *prior to TNKase* dosing guidelines

**Enoxaperin:** Age < 75 and normal creatinine (eGFR > 30) and wt < 145 kg

**Bolus 30 mg IV enoxaperin** (0.3 cc from 100mg/ml vial) in 1 cc tuberculin syringe Irrigate IV line immediately with 10 cc NS

**Heparin:** Age > 75, or elevated creatinine (eGFR < 30) and wt > 145 kg Start IV **heparin bolus and initial IV infusion prior to TNKase** as per protocol

**FMC to Balloon <120 mins transfer to Cath Lab for Primary PCI.  
FMC to Balloon > 120 mins - Give thrombolytic < 30 mins from FMC to transfer.**

**Tenecteplase (TNK-tPA)**

**1. Complete Patient Selection Criteria Below:**

**INCLUSION CRITERIA**

**Y N (check one)**

- Presentation consistent with AMI
- EKG evidence of AMI (ST elevation)
- Onset of symptoms less than 12hrs.
- Evidence of ongoing ischemia

**EXCLUSION CRITERIA**

Refer to Package Insert for Exclusions & Contraindications.

**2. Reconstitute Tenecteplase:**

- a. Remove shield assembly from supplied dual cannula device.
- b. Aseptically withdraw 10 ml of Sterile Water and inject entire contents directly in powder.
- c. DO NOT SHAKE VIAL --- SWIRL SLOWLY.
- d. Determine appropriate weight-based dose of Tenecteplase and withdraw from reconstituted vial with syringe.
- e. Stand twinpak shield vertically on a flat surface (with green side down) and passively recap red hub cannula.
- f. Remove entire shield assembly, including red hub cannula by twisting counterclockwise. The shield assembly contains the clear ended blunt plastic cannula. Maintain separate IV site.

**3. Tenecteplase dosing guidelines\***

Patient Weight (kg)	TNKase (mg)	Volume Tenecteplase* to be administered (ml)
<60	30	6
>60 to <70	35	7
>70 to <80	40	8
>80 to <90	45	9
>90	50	10

\*From one vial of Tenecteplase reconstituted with 10 mL SWFL

**4. NO IM INJECTIONS OR ARTERIAL PUNCTURES ONCE TENECTEPLASE IS STARTED.**

**5. Obtain EKG 30 minutes and 1 hour after Tenecteplase was initiated.**

**Alteplase (tPA):**

**1. Complete Patient Selection Criteria Below:**

**INCLUSION CRITERIA**

**Y N (check one)**

- Presentation consistent with AMI
- EKG evidence of AMI (ST elevation)
- Onset of symptoms less than 12hrs.
- Evidence of ongoing ischemia

**EXCLUSION CRITERIA**

Refer to Package Insert for Exclusions & Contraindications.

**2. Reconstitution Alteplase:**

- a. Remove protective caps and swab top of each vial with alcohol wipe to reduce risk of contamination.
- b. Remove one of protective caps from transfer device and insert piercing pin vertically into center of stopper of SWFI vial, keeping vial upright. Holding Alteplase vial upside down, position it so that center of stopper is directly over exposed pin of transfer device. Push vial down onto transfer device, ensuring that piercing pin is inserted through center of Alteplase vial stopper.
- c. Invert 2 vials, so vial of Alteplase is on bottom (upright) and vial of SWFI is upside down. Allow entire contents of vial of SWFI to flow down through transfer device into vial containing Alteplase. Approximately 0.5 mL of SWFI will remain in diluent vial. Remove transfer device and empty SWFI vial from Alteplase vial. Safely discard both transfer device and empty diluent vial according to institutional procedures.
- d. Mix solution with gentle swirl. DO NOT SHAKE. Slight foaming of solution is normal. Let solution stand undisturbed for several minutes to allow any large bubbles to dissipate. This preparation will result in a colorless to pale yellow transparent solution containing Alteplase at a concentration of 1 mg/mL. Visually inspect Alteplase solution for particulate matter and discoloration before administration.

**3. Dosing Guidelines\***

Weight based Alteplase tPA accelerated infusion regimen.

**Weight >67 kg**

- Step 1:** 15 mg IV bolus over 1-2 minutes.
  - Step 2:** 50 mg IV infusion over 30 minutes.
  - Step 3:** 35 mg IV infusion over 60 minutes.
- Maximum total dose **not to exceed 100 mg.**

**Weight < 67 kg**

- Step 1:** 15 mg IV bolus over 1-2 minutes.
  - Step 2:** 0.75 mg/kg IV infusion over 30 minutes (maximum of 50 mg).
  - Step 3:** 0.50 mg/kg IV infusion over 60 minutes (maximum of 35 mg).
- Maximum total dose **not to exceed 100 mg.**