

# Tenecteplase for Acute Ischaemic Stroke in patients with large vessel occlusions

## Who can administer

Doctor only

## Important information

- This monograph refers to the use of tenecteplase for **STROKE** indication. For use in **MYOCARDIAL INFARCTION**. see **separate monograph**
- Should be used under guidance of **Stroke Consultant**
- Tenecteplase **should ONLY BE ADMINISTERED in a line containing Sodium chloride 0.9% (AVOID Glucose 5%)**
- **Unlicensed preparation**

## Available preparations

TNKase 50mg vial powder for solution

Supplied with 10ml Water for Injection vial

## Reconstitution



- Remove the shield assembly from the supplied B-D 10ml syringe (shield assembly consists of the last three components on the right hand side of the picture above) - do not discard this part as it is required later
- Aseptically withdraw 10ml Water for injection from the supplied diluent vial using the syringe with the red hub cannula (must use Water for injection vial that is supplied with the product)
- Inject this 10ml diluent into the vial containing the drug, directing the diluent stream into the powder.
- Slight foaming on reconstitution is to be expected.
- Allow to stand for several minutes to allow bubbles to dissipate
- Gently swirl until the contents are completely dissolved and **DO NOT SHAKE**
- Withdraw the required volume into the syringe, using the red hub cannula
- Using the shield assembly device that was removed earlier: stand the shield vertically on a flat surface (with green side down) and passively recap the red hub cannula
- Remove the entire shield assembly, including the red hub cannula by twisting counter-clockwise.

## Infusion fluids

- Not required

## Methods of intravenous administration

### Bolus Intravenous Injection

- Administer over approximately 10 seconds

## Dose in adults

### Dose in adults:

- Give 0.25mg/kg (**MAXIMUM of 25mg**) as a single IV bolus over approximately 10 seconds
- See table below
- A pre-existing intravenous line may be used, **ONLY if sodium chloride 0.9% has been infused (AVOID glucose 5%)**.

| Patient weight (kg) | Tenecteplase dose (mg) | Volume of reconstituted Tenecteplase solution required (mL) |
|---------------------|------------------------|---|
| 30                  | 7.5mg                  | 1.5mL   |
| 35                  | 8.75mg                 | 1.75mL  |
| 40                  | 10mg                   | 2mL   |
| 45                  | 11.25mg                | 2.25mL  |
| 50                  | 12.5mg                 | 2.5mL   |
| 55                  | 13.75mg                | 2.75mL  |
| 60                  | 15mg                   | 3mL   |
| 65                  | 16.25mg                | 3.25mL  |
| 70                  | 17.5mg                 | 3.5mL   |
| 75                  | 18.75mg                | 3.75mL  |
| 80                  | 20mg                   | 4mL   |
| 85                  | 21.25mg                | 4.25mL  |
| 90                  | 22.5mg                 | 4.5mL   |
| 95                  | 23.75mg                | 4.75mL  |
| 100                 | 25mg (maximum dose)    | 5mL (maximum volume)  |

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## Monitoring

- AsÂ per Stroke pathway

## Storage

- Store unconstituted product at room temperature

## References

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## Therapeutic classification

Thrombolytic