

WA Country Health Service _____ Hospital Tenecteplase Administration Checklist Ward/Dept: _____ Doctor: _____	Surname		MRN	
	Given Name		DOB	Sex
	Address			Post Code

The prescribing doctor will remain contactable by phone during the administration of Tenecteplase and in the post administration phase

		Yes	No
1.	ST Elevation MI identified by medical officer (on site / ETS / FACEM / ED Duty Doctor) from transmitted 12 lead ECG		
2.	Patient states symptoms of chest pain started less than 12 hours ago <ul style="list-style-type: none"> If onset >12 hours ago, discuss with cardiology regarding further management 		
3.	Complete thrombolysis contraindications checklist (MR172A) <ul style="list-style-type: none"> If any contraindications, discuss this cardiology regarding further management 		
4.	Complete Consent to Treatment and Investigation (MR30A)		
PRE-ADMINISTRATION		Yes	No
5.	Patient located in resuscitation bay with ALS competent RN. Attach to cardiac monitor, NIBP, Spo2 monitor		
6.	Establish IV access x 2		
7.	Collect blood for FBP, UEC, Troponin, BSL, Coags, G&H		
8.	Apply pressure dressings to puncture sites and superficial wounds		
9.	Consider ongoing pain relief and antiemetic – discuss with medical officer for prescription (i.e. Morphine)		
10.	Ensure patient has been administered Aspirin 300mg PO as per the Chest Pain Pathway (MR1B)		
11.	Label STEMI diagnosis ECG “Pre-Tenecteplase”		
12.	Weigh patient or estimate patient weight if unable to weigh		
13.	Prepare drugs used for treatment of reperfusion arrhythmias; <u>ONLY</u> to be given as directed by Medical Officer prn <ul style="list-style-type: none"> Adrenaline 1mg IV as per ALS ARC guidelines cardiac arrest protocol Atropine IV 300-600 mcg for symptomatic bradycardia Amiodarone 300mg IV for ventricular tachyarrhythmias 		
14.	<p>PREPARE antithrombin drug therapy (administered later in Tenecteplase Administration Pathway)</p> <p><u>HEPARIN (preferred option)</u></p> <ul style="list-style-type: none"> Bolus =60iu/kg IV Heparin (maximum of 4000iu) Infusion = 2500iu/5ml (in 50ml) of 0.9% Sodium Chloride @ 2ml/hour as per RFDS infusion guidelines <u>OR</u> 25,000iu in 500ml 0.9% Sodium Chloride @ 20ml/hr as per RFDS infusion guidelines <p>CONSIDER ENOXAPARIN (Clexane) AFTER discussion with Cardiologist if there is no access to APPT and expected delay >6 hours before patient transfer to tertiary</p> <p><u>ENOXAPARIN</u> If patient is < 75 years</p> <ul style="list-style-type: none"> 30mg Enoxaparin Sodium IV and 1mg/kg (maximum) of 100mg subcutaneous <p>NOTE:</p> <ul style="list-style-type: none"> If the patient is over 75 years they DO NOT receive an initial IV dose of Enoxaparin Sodium 		

Please affix patient ID label

Tenecteplase Administration Checklist (Continued)	Surname	MRN	
	Given Name	DOB	Sex

Label Space

PRE-ADMINISTRATION (continued)				Yes	No	
15.	Prepare Tenecteplase as per Metalyse Dosage and Administration Poster					
	Weight	Metalyse (Unit)	Metalyse (mgs)	Volume (mls)		
	< 60kgs	6,000	30mg	6ml		
	60 – 70kgs	7,000	35mg	7ml		
	70 – 80kgs	8,000	40mg	8ml		
	80 – 90kgs	9,000	45mg	9ml		
>90kgs	10,000	50mg	10ml			
ADMINISTRATION				Yes	No	
16.	Immediately prior to Tenecteplase administration give either; <ul style="list-style-type: none"> Heparin 60iu/kg IV bolus (maximum 4000iu) OR Enoxaparin 30mg IV bolus if <75 years old 					
17.	Flush IV cannula with 10mls 0.9% Sodium Chloride					
18.	Administer weight based dose of Tenecteplase as IV bolus over 10 seconds <ul style="list-style-type: none"> Do not administer into a line containing glucose 					
19.	Flush with 0.9% Sodium Chloride					
20.	Administer; <ul style="list-style-type: none"> Heparin infusion 2500iu in 50ml 0.9% Sodium Chloride via syringe driver at prescribed rate or 25000iu in 500ml 0.9% Sodium Chloride via pump at prescribed rate OR Enoxaparin 1mg/kg (maximum of 100mg) subcutaneous 					
POST-ADMINISTRATION				Yes	No	
21.	Record HR, BP, Spo2, GCS every 10 minutes for 1 hour <ul style="list-style-type: none"> Patient to remain cardiac monitored 					
22.	Perform ECG at 30, 60 & 90 minutes post Tenecteplase and label as such and transmit to medical officer <ul style="list-style-type: none"> Observe for resolution of ST elevation 					
23.	Administer Clopiogrel 600mg PO 30 minutes after Tenecteplase administration					
24.	Collect blood for Cardiac Enzymes at 1 hour post Tenecteplase					
25.	Perform urinalysis (specifically seeking haematuria)					
26.	Prepare patient and documentation for RFDS transfer to tertiary centre					
27.	Observe for complications including; <ul style="list-style-type: none"> Bleeding Arrhythmias Hypersensitivity Hypotension Nausea and vomiting Altered neurological status 					

DATE: _____ TIME: _____ NAME: _____

SIGNATURE: _____ DESIGNATION: _____