

Education Express

Tenecteplase Administration for Acute Ischemic Stroke



Audience: RNs

Level of education: Level II Moderate **YELLOW**

August 2022

Situation: On September 1, 2022, IU Health will convert from Alteplase to Tenecteplase (TNK) for the management of acute ischemic strokes (AIS) requiring thrombolytics.

Background: The primary benefits in using Tenecteplase instead of Alteplase include:

- Ease of dosing (0.25 mg/kg, maximum 25 mg)
- Ease of administration (IV Push versus infusion)
- Reduced cost

Tenecteplase is a genetically modified form of Alteplase, a tissue plasminogen activator (tPA), with greater fibrin specificity, longer half-life, and greater resistance to inhibition by plasminogen activator inhibitor type 1.

Dosing:

- IU Health has decided to administer Tenecteplase as a **0.25 mg/kg (maximum 25 mg) IV PUSH dose.**

****CAUTION****

TNK dosing for stroke is ½ of the dose for myocardial infarction!

Highlights:

- On September 1st all IU Health facilities will convert to Tenecteplase (TNK) as the *preferred* thrombolytic for the acute treatment of strokes.
- Stroke order sets will be updated to Tenecteplase - Dose: **0.25 mg/kg (maximum 25 mg) IV PUSH.**
- Treatment of an intracranial hemorrhage post thrombolytic will remain the same.
- Post-treatment monitoring will remain the same

References

1. TNKase [medical letter] South San Francisco, CA. Genentech. June 2022.
2. Powers WJ, Rabinstein AA, Ackerson T, et al. Guidelines for the Early Management of Patients With Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke: A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. Stroke 2019;50:e344-e418. <https://www.ncbi.nlm.nih.gov/pubmed/31662037>