



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME
tenecteplase



Effective Date: Jan 2013

CLASSIFICATION
Thrombolytic agent

OTHER NAMES
TNKase

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Revised Date: June 2024

ADMINISTRATION POLICY:

- IV Bolus** – **May be administered by a nurse under direct supervision of physician**
- IM injection** – Do NOT give
- Subcutaneous** – Do NOT give

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 50 mg vial

Reconstitution: Add 10 mL sterile water for injection (do not use bacteriostatic water for injection)
Gently swirl to dissolve. DO NOT SHAKE
Final concentration: 5 mg/mL

IV bolus: **For MI:** Administer undiluted over 5 to 10 seconds followed by a 20 mL normal saline flush
 For Stroke: Administer undiluted over 1 minute

Maximum Rate: Over 5 seconds

Maximum Concentration: 5 mg/mL

NOTE: Keep unconstituted vial at room temperature or in refrigerator

DOSAGE:

For Acute MI: Weight based dosing for tenecteplase

Patient Weight (kg)	Tenecteplase (mg)	Volume to be administered (mL)
Less than 60	30	6
60 to less than 69	35	7
70 to less than 79	40	8
80 to less than 89	45	9
Equal or greater than 90	50	10

Stroke: 0.25 mg/kg to a maximum of 25 mg single bolus over 1 minute

Maximum daily dose: 50 mg

STABILITY/COMPATIBILITY:

Stability of reconstituted solution: 8 hours (refrigerated)

Compatibility: Compatible with normal saline.
Incompatible with D5W. Flush dextrose-containing lines with saline solution prior to and after administration of tenecteplase.

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Bleeding (especially intracranial hemorrhage), allergic or anaphylactoid reactions (rare), arrhythmias
- Refer to Acute Coronary Syndrome (ACS) Care Map for candidate criteria and contraindications



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ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Monitor for bleeding. Discontinue heparin and platelet affecting drugs (e.g. ASA, NSAIDs) if serious bleeding occurs. Puncture sites should be observed for bleeding for 3 hours following tenecteplase administration.
- ELDER ALERT: Elderly patients are at increased risk of bleeding (including intracranial hemorrhage) with tenecteplase.