

<b>Presentation</b>	Tenecteplase (Metalyse®) 25mg  (Each 25mg vial contains 5,000 units tenecteplase)																																																																																																					
<b>Indication</b>	Acute ischaemic stroke																																																																																																					
<b>Dose</b>	0.25 mg / kg IV bolus over 5 seconds (Maximum dose 25 mg)  Calculate the total weight based dose of tenecteplase using table 1 below.																																																																																																					
	<table border="1"> <thead> <tr> <th>Weight (kg)</th> <th>Dose (mg)</th> <th>Dose (mL)</th> </tr> </thead> <tbody> <tr><td>40</td><td>10</td><td>2.0</td></tr> <tr><td>42</td><td>10.5</td><td>2.1</td></tr> <tr><td>44</td><td>11</td><td>2.2</td></tr> <tr><td>46</td><td>11.5</td><td>2.3</td></tr> <tr><td>48</td><td>12</td><td>2.4</td></tr> <tr><td>50</td><td>12.5</td><td>2.5</td></tr> <tr><td>52</td><td>13</td><td>2.6</td></tr> <tr><td>54</td><td>13.5</td><td>2.7</td></tr> <tr><td>56</td><td>14</td><td>2.8</td></tr> <tr><td>58</td><td>14.5</td><td>2.9</td></tr> <tr><td>60</td><td>15</td><td>3.0</td></tr> <tr><td>62</td><td>15.5</td><td>3.1</td></tr> <tr><td>64</td><td>16</td><td>3.2</td></tr> <tr><td>66</td><td>16.5</td><td>3.3</td></tr> <tr><td>68</td><td>17</td><td>3.4</td></tr> <tr><td>70</td><td>17.5</td><td>3.5</td></tr> </tbody> </table>	Weight (kg)	Dose (mg)	Dose (mL)	40	10	2.0	42	10.5	2.1	44	11	2.2	46	11.5	2.3	48	12	2.4	50	12.5	2.5	52	13	2.6	54	13.5	2.7	56	14	2.8	58	14.5	2.9	60	15	3.0	62	15.5	3.1	64	16	3.2	66	16.5	3.3	68	17	3.4	70	17.5	3.5		<table border="1"> <thead> <tr> <th>Weight (Kg)</th> <th>Dose (mg)</th> <th>Dose (mL)</th> </tr> </thead> <tbody> <tr><td>72</td><td>18</td><td>3.6</td></tr> <tr><td>74</td><td>18.5</td><td>3.7</td></tr> <tr><td>76</td><td>19</td><td>3.8</td></tr> <tr><td>78</td><td>19.5</td><td>3.9</td></tr> <tr><td>80</td><td>20</td><td>4.0</td></tr> <tr><td>82</td><td>20.5</td><td>4.1</td></tr> <tr><td>84</td><td>21</td><td>4.2</td></tr> <tr><td>86</td><td>21.5</td><td>4.3</td></tr> <tr><td>88</td><td>22</td><td>4.4</td></tr> <tr><td>90</td><td>22.5</td><td>4.5</td></tr> <tr><td>92</td><td>23</td><td>4.6</td></tr> <tr><td>94</td><td>23.5</td><td>4.7</td></tr> <tr><td>96</td><td>24</td><td>4.8</td></tr> <tr><td>98</td><td>24.5</td><td>4.9</td></tr> <tr><td>100</td><td>25</td><td>5.0</td></tr> </tbody> </table>	Weight (Kg)	Dose (mg)	Dose (mL)	72	18	3.6	74	18.5	3.7	76	19	3.8	78	19.5	3.9	80	20	4.0	82	20.5	4.1	84	21	4.2	86	21.5	4.3	88	22	4.4	90	22.5	4.5	92	23	4.6	94	23.5	4.7	96	24	4.8	98	24.5	4.9	100	25	5.0
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<b>Reconstitution</b>	<ul style="list-style-type: none"> <li>• Add 5ml volume of sterile water for injection to the vial containing the powder for injection.</li> <li>• Keep syringe attached and agitate the mixture by gently swirling, inverting or rolling the vial.</li> <li>• Do NOT shake the vial. Ensure powder is dissolved, only use clear solution with no particles.</li> <li>• The reconstituted solution contains 5mg tenecteplase per mL.</li> <li>• Using above weight based table, only withdraw dose to be administered into syringe.</li> </ul>																																																																																																					
<b>Administration</b>	Give the total dose as an IV bolus injection over 5 seconds.  Flush prior to, and following administration with 10ml sterile NaCL. NOT compatible with IV lines containing glucose.																																																																																																					
<b>Documentation</b>	The total tenecteplase dose given must be documented in the patients prescription kardex and the time of administration must be recorded.																																																																																																					
<b>References</b>	Metalyse® (Tenecteplase) SPC accessed via <a href="#">Metalyse 5 000 units (25 mg)   SPC  </a>																																																																																																					

<b>Author:</b>	Jean Hosford, Róisín Kelly, Prof David Ryan	<b>Date</b>	May 2024
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		<b>Review Date</b>	May 2026

## Utilise the rules of 5s

<b>5</b> mg/ml	<b>5</b> ml max dose	<b>5</b> flush	<b>5</b> administer	<b>5</b> flush
Reconstitute 25mg vial with 5ml sterile water	5ml max dose 0.25mg / kg (max 25mg per 5ml)	Flush with IV saline before administration	Administer bolus over 5 seconds	Flush with IV saline after administration

## Monitoring:

Document vital signs and neurological assessments every 15 minutes for 2 hours, then every 30 minutes for the next 6 hours, then every hour for the next 16 hours. Document any changes in neurological condition (develops severe headache, acute hypertension and/or bradycardia, nausea or vomiting, or decrease in level of consciousness) and inform Stroke/ Neuroradiology team immediately.

## Storing:

To be stored at room temperature. Will be available in Radiology Department (Tenecteplase box, kept at back of main CT), and on Stroke 3B.

To be administered stat after reconstitution from a microbiological point of view, but is stable if kept reconstituted in fridge for 24 hours.

## Review of protocol:

With any new evidence published / in 2 years time, whichever is sooner.

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