

# Tenecteplase (TNKase) Preparation and Dosing For Acute Ischemic Stroke

**Dosing: 0.25 mg/kg Actual Body Weight**

**Final Concentration 5 mg/mL \*\* MAXIMUM DOSE 25 mg (5 mL) \*\***

Weight (kg)	Dose (mg)	Volume (mL)
40 to <42	10	2
42 to <46	11	2.2
46 to <50	12	2.4
50 to <54	13	2.6
54 to <57	14	2.8
57 to <62	15	3
62 to <66	16	3.2
66 to <70	17	3.4
70 to <74	18	3.6
74 to <78	19	3.8
78 to <82	20	4
82 to <86	21	4.2
86 to <90	22	4.4
90 to <94	23	4.6
94 to <98	24	4.8
≥98 kg	25	5

## Preparation:

### If using the 25-mg TNKase vial:

#### Step 1

Using a sterile syringe, aseptically **withdraw the Sterile Water for Injection** from the diluent vial. Only use the supplied Sterile Water for Injection diluent vial.

**NOTE: If using the 50-mg TNKase vial, withdraw 10 mL of Sterile Water for Injection.**

#### Step 2

**RECONSTITUTE** the 25-mg TNKase vial aseptically with 5.2 mL of Sterile Water for Injection by directing the stream into the lyophilized powder to obtain a final concentration of 5 mg/mL. Slight foaming upon reconstitution is not unusual; any large bubbles will dissipate if the product is allowed to stand undisturbed for several minutes.

**NOTE: If using the 50-mg TNKase vial, aseptically reconstitute the 10-mL Sterile Water for Injection to obtain a final concentration of 5 mg/mL.**

#### Step 3

**GENTLY SWIRL** until contents are completely dissolved. **DO NOT SHAKE.**

The reconstituted solution should be colorless or pale yellow and transparent. Because TNKase contains no antibacterial preservatives, reconstitute immediately before use. If the reconstituted TNKase is not used immediately, refrigerate the TNKase vial at 2°C to 8°C (36°F to 46°F) and use within 8 hours.

#### Step 4

**DETERMINE** the appropriate dose of TNKase (see table on previous page). **WITHDRAW** the required volume (in milliliters) from the reconstituted vial into a syringe. Discard any unused solution. **VISUALLY INSPECT** the reconstituted product in the syringe for particulate matter and discoloration prior to administration.

#### Step 5

Precipitation may occur when TNKase is administered in an intravenous line containing dextrose. **FLUSH** dextrose-containing lines with 0.9% Sodium Chloride Injection solution prior to and following single bolus administration of TNKase.

#### Step 6

**ADMINISTER** reconstituted TNKase as a single IV bolus over 5 seconds.

#### Step 7

**ASSESS AND MONITOR** patients according to each institution's protocol. Check for bleeding and signs of hypersensitivity. Monitor blood pressure. Perform neurological assessments. Consult the American Heart Association and American Stroke Association Guidelines for acute ischemic stroke for more information.