



For Back Up Use

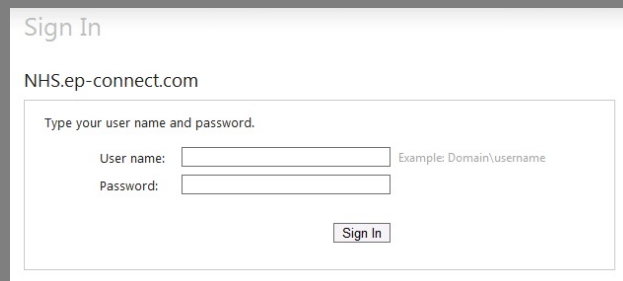
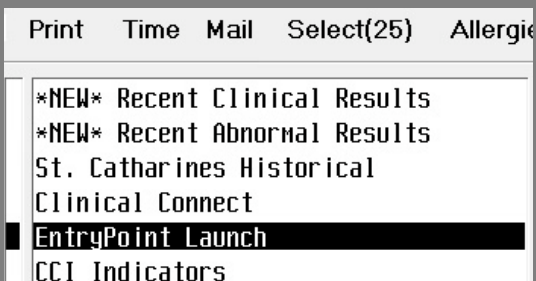
This copy of the Orderset is for Information & BackUp purposes only.

It is intended for use during downtimes.

**For daily use, please access the version on
EntryPoint**

To launch EntryPoint, go to PCI (Patient Care Inquiry) in Meditech. Look for “EntryPoint Launch” and follow the instructions. Log in using your PACS (or Outlook) username and password in lowercase.

Thanks.





Height _____ cm Weight _____ kg

Allergies _____

Tenecteplase (TNKase®) Order Set		M	K	O																										
Orders Processed Date (dd/mm/yyyy)	Patient Population STEMI (ST elevation myocardial infarction) patients with onset of pain up to 12 hours. In exceptional cases such as ongoing or recurrent infarction, tenecteplase can be used up to 24 hours ** Discuss case with Hamilton HIU interventionist to review disposition/transfer if tenecteplase is given. DO NOT delay tenecteplase administration for this reason**																													
Time (hhmm)																														
By	Thrombolytic Contraindications: Check relevant contraindications <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Absolute Contraindications</th> <th style="width: 50%;">Relative Contraindications</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Active bleeding (excluding menses)</td> <td><input type="checkbox"/> History of chronic, severe, poorly controlled hypertension</td> </tr> <tr> <td><input type="checkbox"/> History of any intracranial hemorrhage</td> <td><input type="checkbox"/> Significant hypertension on presentation (Systolic BP greater than 180 mmHg and or diastolic BP greater than 110 mmHg)</td> </tr> <tr> <td><input type="checkbox"/> History of ischemic stroke within 3 months</td> <td><input type="checkbox"/> History of prior ischemic stroke more than 3 months ago</td> </tr> <tr> <td><input type="checkbox"/> Intracranial or intraspinal surgery or trauma within 2 months</td> <td><input type="checkbox"/> Dementia</td> </tr> <tr> <td><input type="checkbox"/> Known structural cerebral vascular lesion (e.g. arteriovenous malformation) or aneurysm</td> <td><input type="checkbox"/> Known intracranial pathology not covered in absolute contraindications</td> </tr> <tr> <td><input type="checkbox"/> Known malignant intracranial neoplasm</td> <td><input type="checkbox"/> Traumatic or prolonged CPR (greater than 10 minutes)</td> </tr> <tr> <td><input type="checkbox"/> Known bleeding diathesis</td> <td><input type="checkbox"/> Recent (within 3 weeks) major surgery (CABG, obstetrical delivery, organ biopsy, etc.)</td> </tr> <tr> <td><input type="checkbox"/> Severe uncontrolled hypertension (unresponsive to emergency therapy)</td> <td><input type="checkbox"/> Recent (within 2 to 4 weeks) internal bleeding</td> </tr> <tr> <td><input type="checkbox"/> Suspected aortic dissection</td> <td><input type="checkbox"/> Non-compressible vascular punctures</td> </tr> <tr> <td><input type="checkbox"/> Significant closed head or facial trauma within 3 months</td> <td><input type="checkbox"/> Pregnancy</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Active peptic ulcer</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Patients on oral anticoagulant therapy</td> </tr> </tbody> </table> <p style="text-align: center; font-style: italic;">Taken from the 2013 ACCF/AHA Guideline for the Management of ST-Elevation Myocardial Infarction</p>				Absolute Contraindications	Relative Contraindications	<input type="checkbox"/> Active bleeding (excluding menses)	<input type="checkbox"/> History of chronic, severe, poorly controlled hypertension	<input type="checkbox"/> History of any intracranial hemorrhage	<input type="checkbox"/> Significant hypertension on presentation (Systolic BP greater than 180 mmHg and or diastolic BP greater than 110 mmHg)	<input type="checkbox"/> History of ischemic stroke within 3 months	<input type="checkbox"/> History of prior ischemic stroke more than 3 months ago	<input type="checkbox"/> Intracranial or intraspinal surgery or trauma within 2 months	<input type="checkbox"/> Dementia	<input type="checkbox"/> Known structural cerebral vascular lesion (e.g. arteriovenous malformation) or aneurysm	<input type="checkbox"/> Known intracranial pathology not covered in absolute contraindications	<input type="checkbox"/> Known malignant intracranial neoplasm	<input type="checkbox"/> Traumatic or prolonged CPR (greater than 10 minutes)	<input type="checkbox"/> Known bleeding diathesis	<input type="checkbox"/> Recent (within 3 weeks) major surgery (CABG, obstetrical delivery, organ biopsy, etc.)	<input type="checkbox"/> Severe uncontrolled hypertension (unresponsive to emergency therapy)	<input type="checkbox"/> Recent (within 2 to 4 weeks) internal bleeding	<input type="checkbox"/> Suspected aortic dissection	<input type="checkbox"/> Non-compressible vascular punctures	<input type="checkbox"/> Significant closed head or facial trauma within 3 months	<input type="checkbox"/> Pregnancy		<input type="checkbox"/> Active peptic ulcer		<input type="checkbox"/> Patients on oral anticoagulant therapy
Absolute Contraindications	Relative Contraindications																													
<input type="checkbox"/> Active bleeding (excluding menses)	<input type="checkbox"/> History of chronic, severe, poorly controlled hypertension																													
<input type="checkbox"/> History of any intracranial hemorrhage	<input type="checkbox"/> Significant hypertension on presentation (Systolic BP greater than 180 mmHg and or diastolic BP greater than 110 mmHg)																													
<input type="checkbox"/> History of ischemic stroke within 3 months	<input type="checkbox"/> History of prior ischemic stroke more than 3 months ago																													
<input type="checkbox"/> Intracranial or intraspinal surgery or trauma within 2 months	<input type="checkbox"/> Dementia																													
<input type="checkbox"/> Known structural cerebral vascular lesion (e.g. arteriovenous malformation) or aneurysm	<input type="checkbox"/> Known intracranial pathology not covered in absolute contraindications																													
<input type="checkbox"/> Known malignant intracranial neoplasm	<input type="checkbox"/> Traumatic or prolonged CPR (greater than 10 minutes)																													
<input type="checkbox"/> Known bleeding diathesis	<input type="checkbox"/> Recent (within 3 weeks) major surgery (CABG, obstetrical delivery, organ biopsy, etc.)																													
<input type="checkbox"/> Severe uncontrolled hypertension (unresponsive to emergency therapy)	<input type="checkbox"/> Recent (within 2 to 4 weeks) internal bleeding																													
<input type="checkbox"/> Suspected aortic dissection	<input type="checkbox"/> Non-compressible vascular punctures																													
<input type="checkbox"/> Significant closed head or facial trauma within 3 months	<input type="checkbox"/> Pregnancy																													
	<input type="checkbox"/> Active peptic ulcer																													
	<input type="checkbox"/> Patients on oral anticoagulant therapy																													
Status	Vitals/Monitoring <input checked="" type="checkbox"/> Temp, HR, RR, BP, SpO ₂ q _____ h and PRN <input checked="" type="checkbox"/> Continuous Cardiac Monitoring																													
Processing Reviewed by	Respiratory Oxygen Therapy <input type="checkbox"/> Titrate O ₂ to keep SpO ₂ greater than 92% and less than 96%																													
Status																														
Faxed by																														

Telephone Order _____
 Ordering Practitioner, Designation Signature Date/Time (dd/mm/yyyy hhmm)

If Telephone Order _____ Read Back
 Ordering Physician Date (dd/mm/yyyy) Time (hhmm)



Chart Copy – Do Not Destroy

Rev. 04/2016/V8 ORD7 (900441)



Height _____ cm Weight _____ kg

Allergies _____

Tenecteplase (TNKase®) Order Set		M	K	O
Orders Processed Date (dd/mm/yyyy)	Lab Investigations Lab Investigations on admission (if not already done in ED) <input checked="" type="checkbox"/> CBC <input checked="" type="checkbox"/> INR <input checked="" type="checkbox"/> Creatinine <input checked="" type="checkbox"/> Urea <input checked="" type="checkbox"/> aPTT <input checked="" type="checkbox"/> Group and Screen <input checked="" type="checkbox"/> Na, K, Cl, TCO ₂ (LYTA) <input checked="" type="checkbox"/> Glucose <input checked="" type="checkbox"/> Troponin <input checked="" type="checkbox"/> Magnesium <input type="checkbox"/> Additional Labs: _____			
Time (hhmm)	Diagnostics <input checked="" type="checkbox"/> CXR PA and Lateral (if not done on admission) Reason: _____			
By	Cardiology <input checked="" type="checkbox"/> Repeat ECG q 30 minutes x 3 post-tenecteplase administration			
Status	IV Fluids <input checked="" type="checkbox"/> Start a minimum of two (2) IV's <input checked="" type="checkbox"/> IV: 18 gauge 0.9% sodium chloride TKVO for tenecteplase THEN convert to saline lock <input checked="" type="checkbox"/> sodium chloride 0.9% at _____ mL/h <input type="checkbox"/> sodium chloride 0.9% _____ mL IV bolus for MAP less than 65 mmHg OR SBP less than 90 mmHg THEN _____ mL/h			
Processing Reviewed by	Antiplatelets <input checked="" type="checkbox"/> Give acetylsalicylic acid (ASA) 160 mg PO (2 x 80 mg) chew and swallow STAT (if not already administered by EMS) <input type="checkbox"/> clopidogrel 300 mg PO STAT if under 75 years of age <input type="checkbox"/> clopidogrel 75 mg PO STAT if over 75 years of age			
Status	Pain Management <input type="checkbox"/> morphine _____ mg IV q _____ minutes PRN until chest pain relieved			
Faxed by	Anti-Anginal Therapy <input type="checkbox"/> nitroglycerin IV 50 mg/250 mL 5% dextrose in water. Start at _____ micrograms/minute, titrate q5minutes to a maximum of 200 micrograms/minute to keep systolic BP greater than or equal to 90 mmHg			
	Nausea Management <input type="checkbox"/> dimenhydrinate 25 - 50 mg IV q4h PRN (for patients at low risk for falls and/or delirium) <input type="checkbox"/> Other: _____			

Telephone Order _____
 Ordering Practitioner, Designation Signature Date/Time (dd/mm/yyyy hhmm)

If Telephone Order _____ Read Back
 Ordering Physician Date (dd/mm/yyyy) Time (hhmm)



Chart Copy – Do Not Destroy

Rev. 04/2016/V8 ORD7 (900441)



Height _____ cm Weight _____ kg

Allergies _____

Tenecteplase (TNKase®) Order Set

M K O

Orders Processed Date (dd/mm/yyyy)

Thrombolytic Therapy

- tenecteplase is a High Risk, High Alert medication which requires Independent Double Checks according to NHS policy
- tenecteplase _____ mg IV STAT as a single bolus over 5 seconds. Refer to tenecteplase dosing chart below

Time (hhmm)

Tenecteplase Dosing Chart (5 mg/mL)

Patient Weight: _____ kg		Tenecteplase Dose (mg)	Volume of Tenecteplase (mL)
(kg)	(lb)		
Less than or equal to 59.9	Less than 132	30	6
60 – 69.9	132 to less than 154	35	7
70 – 79.9	154 to less than 176	40	8
80 – 89.9	176 to less than 198	45	9
Greater than or equal to 90	Greater than and equal to 198	50	10

By _____

Status _____

Anticoagulation Therapy

- Heparin (low dose) for Acute Coronary Syndrome (ACS) and ST Elevation Myocardial Infarction (STEMI) Order Set (Prescriber to Complete)
- Maintain aPTT at 50 – 75 seconds
- For patients receiving tenecteplase: aPTT at 6 hours and 12 hours after tenecteplase bolus given
- For aPTT results at 6 hours after the tenecteplase bolus given:
 - increase heparin rate according to adjustment table if aPTT is less than 50, but do not give bolus; notify physician if aPTT is less than 28
 - Do NOT change rate or hold if aPTT is above target of 50 – 75 seconds
 - Notify physician if aPTT is greater than 110
- Starting at 12 hours after tenecteplase bolus, make all adjustments as per heparin infusion adjustment table
- Reassess after 48 hours

Processing Reviewed by _____

Status _____

Faxed by _____

Follow-up

- Acute Coronary Syndrome Admission Order Set (Prescriber to Complete)

Additional Orders

Telephone Order _____
Ordering Practitioner, Designation Signature Date/Time (dd/mm/yyyy hhmm)

If Telephone Order _____
Ordering Physician Date (dd/mm/yyyy) Time (hhmm) Read Back



Chart Copy – Do Not Destroy