Tenecteplase for Acute Ischaemic Stroke in patients with large vessel occlusions

Who can administer

Doctor only

Important information

- This monograph refers to the use of tenecteplase for **STROKE** indication. For use in **MYOCARDIAL INFARCTION**.see SPC
- Should be used under guidance of **ThrombolysisÂ Consultant**
- Tenecteplase **should ONLY BE ADMINISTERED in a line containing Sodium chloride 0.9% (AVOID Glucose 5%)**
- In order to improve the traceability of biological medicinal products,Â **the name and the batch number of the administered product should be clearly recorded.**

Available preparations

Metalyse 5,000 units (25mg) vial

Reconstitution

Water for injection

- 5 mL per 5,000 unit (25mg vial)
- Add slowly to avoid foaming
- Keeping the syringe attached reconstitute the solution by swirling gently to avoid foaming
- Transfer the appropriate volume of Metalyse reconstituted solution into the syringe

Infusion fluids

- Not required

Methods of intravenous administration

Bolus Intravenous Injection

- Administer over approximately 5 to 10 seconds

Dose in adults

Dose in adults :

- Give 0.25mg/kgÂ [ref 1)Â] **(MAXIMUM of 25mg)** as a single IV bolus over approximately 10 secondsÂ
- See table below
- Benefit-risk of tenecteplase treatment should be carefully evaluated in **patients weighing 50 kg or less** due to limited availability of data
- A pre-existing intravenous line may be used, **ONLY if sodium chloride 0.9% has been infused (AVOID glucose 5%).**

Patient weight (kg)	Tenecteplase dose (mg)	Volume of reconstituted Tenecteplase solution required (mL)
30	7.5mg	1.5mL
35	8.75mg	1.75mL
40	10mg	2mL
45	11.25mg	2.25mL
50	12.5mg	2.5mL
55	13.75mg	2.75mL
60	15mg	3mL
65	16.25mg	3.25mL
70	17.5mg	3.5mL
75	18.75mg	3.75mL
80	20mg	4mL
85	21.25mg	4.25mL
90	22.5mg	4.5mL
95	23.75mg	4.75mL
100	25mg (maximum dose)	5mL (maximum volume)

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Monitoring

- AsÂ per Stroke pathway

Storage

- Store unreconstituted product at room temperature

References

Metalyse 5000 units SPC Jan 2024

1: GUH, Acute stroke pathway version 1.4 Dec 2022

Therapeutic classification

Thrombolytic