

MICU Treatment Protocols

Thrombolytics

Indications: Evolving acute MI, ideally within 6 hours of onset, with diagnostic ECG changes.

Contra-indications:

1. Allergy to agents.
2. Any predisposition to or active bleeding, including recent surgery or stroke, trauma.
3. Severe hypertension
4. Pregnancy
5. Prior use of Streptokinase within previous 6 months is a contra-indication to repeat administration of Streptokinase, but not tPA.

Precautions:

Complications may develop in patients with internal (occult) hemorrhage, multiple needle puncture sites, severe hepatic or renal insufficiency. Be aware of the potential for reperfusion dysrhythmias.

Administration:

1. Streptokinase: 1.5 million units in 50 ml 0.9% NaCl IV over 30-60 minutes as BP tolerates.
2. tPA: A total dose not to exceed 100 mg. Initial 15 mg is given as bolus, then 0.75 mg/kg (not to exceed 50 mg) is given over 30 minutes followed by 0.50 mg/kg (not to exceed 35 mg) is given over 30 minutes.
3. Retavase: Double bolus injection of 10 units over 2 minutes followed by a second 10 unit bolus over 2 minutes, 30 minutes after the start of the first bolus.
4. TNKase (Tenecteplase): Single bolus injection over 5 seconds. If patient is **<60kg administer 30 mg**, >60kg to <70kg administer 35 mg, **>70kg to < 80kg administer 40 mg**, > 80kg to <90kg administer 45 mg, **>90kg administer 50 mg**.
5. These are recent dosing recommendations. As these may change or the dosing used may differ at various sending facilities, when continuing thrombolytic drips for transport, use dosing regimens prescribed by the sending facility.

MICU Directives:

1. Follow generalized protocol for MICU transports.
2. Maintain at least 2 open IV lines during administration.
3. Monitor vital signs every 5-10 minutes during infusions and every 10 minutes when infusion is complete.
4. Administer repeat bolus of Retavase if ordered at 30 minutes following first bolus.
5. Avoid unnecessary punctures and minimize patient handling.
6. Heparin 60 U/kg bolus followed by 12 U/kg/hr infusion should be give ASAP in conjunction with thrombolytic administration.
7. Discontinue thrombolytic if patient develops hypotension or active bleeding (i.e., bleeding gums, spontaneous petechiae or bruising, hematemesis, epistaxis).

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Implement	05/01			