

Dose (IV holus over

Notes

TNKase Dosing Instructions

(see STEMI Protocol for management)

Indications

Contraindications

Weight	Dose (IV bolus over	Notes	Indications	Contraindications	
(in Kg)	5 seconds)				
< 60 60 - 69 70 - 79 80 - 89 >90	30mg 35mg 40mg 45mg 50mg	Do not give if GPI (GP IIb/IIIa inhibitor) was given (i.e. abciximab, eptifibatide, or tirofiban) Also begin Enoxaparin with TNKase bolus	 Ischemic symptoms < 12 hours Evidence of ongoing ischemia 12 to 2 hours after symptom onset and a large area of myocardium at risk of hemodynamic instability ECG showing ANY of the following: ST depression, except if true posterio (inferobasal) MI is suspected or when associated with ST elevation in lead aVR Ischemic ST elevation (>1mm) in 2 or more contiguous leads Hyperacute T waves Signs of acute posterior MI or LBBB obscuring ST segment analysis with MI history History of ACS Pain/symptoms within the past 24 hours with or without ongoing 	 (except acute ischemic stroke within 4.5 hours) Known intracranial neoplasm Known structural cerebral vascular lesion (i.e. AVM) Active internal bleeding (does not include menses) Suspected aortic dissection 	
Cautions an	 nd relative contraindic	ations:	symptoms		
Severe, history oHistory oKnown iCurrentCurrent	uncontrolled hypertens of chronic severe hyperte of prior stroke > 3 month ntracranial pathology no warfarin therapy (INR > therapy with direct oral	sion on presentation (>180/110 ension ns of covered in absolute contraindic 2 – 3); known bleeding diathesis	- Recent (within 2 – 4 we - Age > 75 years - Pregnancy - Active peptic ulcer	- Pregnancy	

Kushner, F.G. MD, et. al. (2013). 2013 ACCF/AHA Guidelines for the management of ST-elevation myocardial infarction. A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. Journal of American College of Cardiology (61) 4 e78-140 [Electronic Version] Retrieved on 08/10/20 from https://www.onlinejacc.org/content/61/4/e78