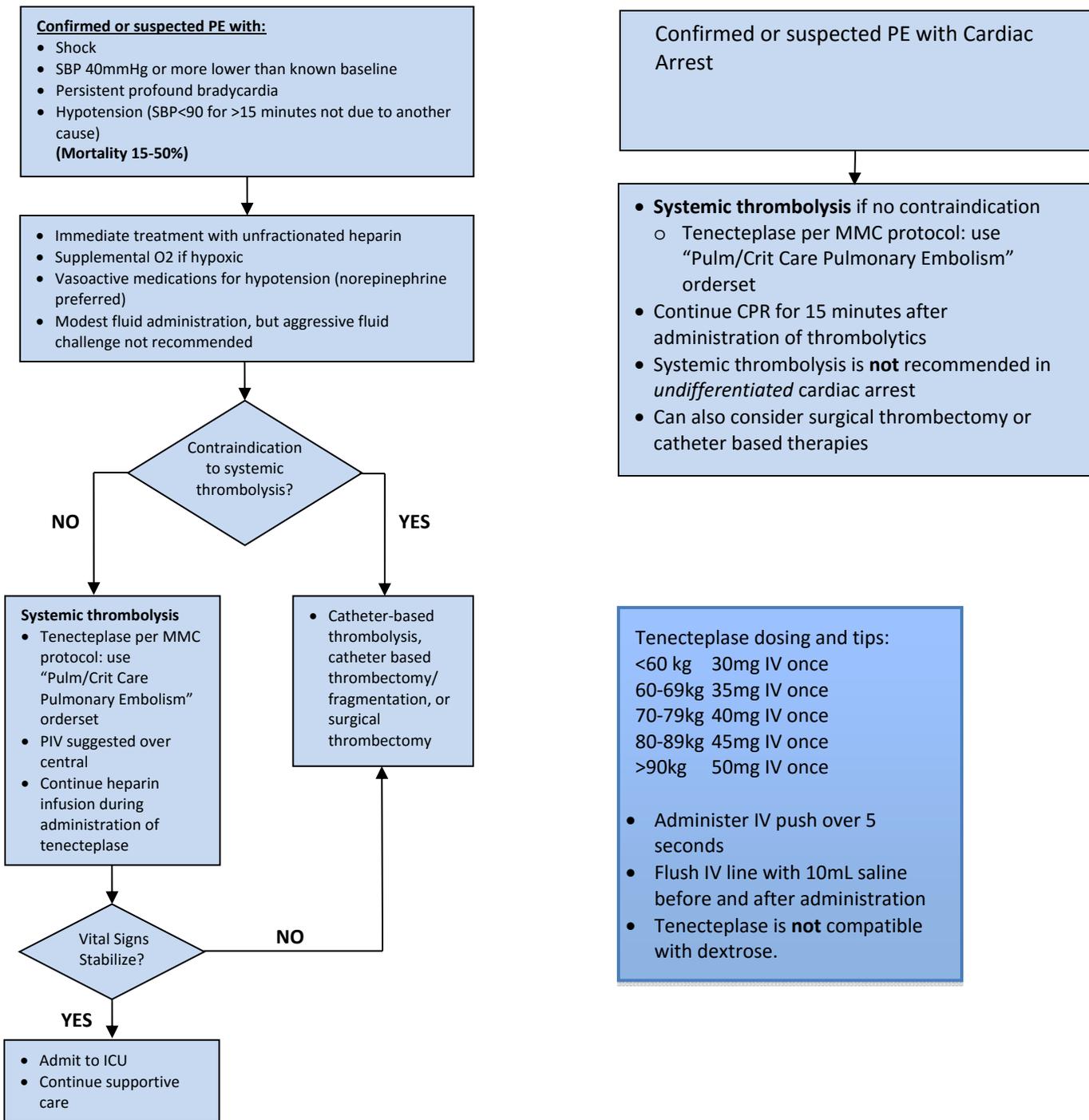


High Risk Pulmonary Embolism



Tenecteplase dosing and tips:

<60 kg	30mg IV once
60-69kg	35mg IV once
70-79kg	40mg IV once
80-89kg	45mg IV once
>90kg	50mg IV once

- Administer IV push over 5 seconds
- Flush IV line with 10mL saline before and after administration
- Tenecteplase is **not** compatible with dextrose.

Contraindications to thrombolysis:
Recommendations vary and are extrapolated from STEMI guidelines. The list below is a composite taken from multiple clinical guidelines. The risks and benefits of administration of thrombolytics in the critically ill patient with PE must be determined by the clinician at the bedside.

“The clinician is in the best position to judge the relative merits of fibrinolysis on a case-by-case basis” –AHA
 “Contraindications to thrombolysis that are considered absolute, eg in acute myocardial infarction, might become relative in a patient with immediately life threatening high-risk PE”-ESC

Absolute: History of hemorrhagic stroke, ischemic stroke in past 3-6 months, CNS neoplasm or structural disease, major trauma/spine or brain surgery/head injury past 3 weeks, GI bleeding in past month, known bleeding

Relative: TIA past 6 months, age >75 years, current anticoagulation, pregnancy or 1 week postpartum, non-compressible punctures, traumatic or prolonged CPR, refractory hypertension, advanced liver disease, infective endocarditis, active peptic ulcer, internal bleeding past 2-4 weeks