



Endeavor
HealthSM

ED Pharmacist's Notes

December 2025

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Tenecteplase (TNKase) Stroke

Postponed Go-Live

- Stroke dosing update in EPIC TNK orderset delayed
 - Planned change: 0.25 mg/kg → tiered dosing
- 25 mg TNK vial to be stocked in ED Pyxis; RN to mix
- Continue using current TNK stroke orderset

DTN Performance (2025 YTD as of 12/11)

- ≤ 60 min: Goal 75% (8/16 pts)
- ≤ 45 min: Goal 50% (4/16 pts)
- Total TNK administrations: 16 pts
- Includes pts excluded from DTN metrics (e.g., BP control needed before TNK)

TNK Tiered Dosing for Stroke

Weight (kg)	Dose (mg)	Volume (mL)
≤59.9	15 mg	3 mL
60-69.9	17.5 mg	3.5 mL
70-79.9	20 mg	4 mL
80-89.9	22.5 mg	4.5 mL
≥90	25 mg	5 mL

Systemic Thrombolysis in PE

Tenecteplase

- Newly added option for massive PE and cardiac arrest PE (P&T approval)
- Dosing (same as STEMI): weight-based IV bolus 30-50 mg over 5-seconds

Alteplase

- Cardiac arrest PE: 50 mg IV over 2 minutes, may repeat
- Massive PE (no arrest): 100 mg IV over 2 hours

Post-Thrombolytic Heparin

- Recommend to start heparin when aPTT <75 sec and a fibrinogen >150 mg/dL

Note

- See PolicyStat for full thrombolytic and heparin guidelines

Updated Kcentra (4-Factor PCC) Dosing

Warfarin Reversal (with Vitamin K)

- ICH / Emergent Surgery:
 - < 60 kg: 25 units/kg (max 1500 units)
 - ≥ 60 kg: 1500 units
- GI Bleed (Life-Threatening): 1000 units
- Repeat 500 units if 30 min post-dose INR > 1.4 (ICH/emergent surgery) or INR > 2 (GI bleed)

Factor Xa inhibitors (Xarelto, Eliquis): 25 units/kg, max 2000 units

Notes

- Paper form with two attending signatures **no longer required**
- EM attending to place EPIC order; pharmacist to adjust dose per protocol
- Full guideline available in PolicyStat

Update on Restricted Antimicrobial Policy

Cefepime

- NOT restricted
- Appropriate for suspected *Pseudomonas* or AmpC-producers (e.g., *Enterobacter cloacae*, *Klebsiella aerogenes*)

Meropenem

- Acceptable for empiric ED use with history/concern for ESBL
- Inpatient use >1 day requires ID consult

More Info

- See PolicyStat for antimicrobials requiring ID approval

Vasopressors via Peripheral Line

- ACEP: Safe to use vasopressors through a PIV in emergent situations
- Lower concentration/rate, short duration, and a reliable IV reduce extravasation risk; reported duration ~24–36 h (no consensus)
- Policy outlines required indications, site criteria, and monitoring (see PolicyStat)
 - Max peripheral dose
 - Norepinephrine: 15 mcg/min
 - Epinephrine: 10 mcg/min
 - Dopamine: 10 mcg/kg/min
 - Phenylephrine: 70 mcg/min
 - Vasopressin: Central line only (high vesicant risk; no specific antidote)

Swedish Hospital Outpatient Pharmacy

Formerly FMP Pharmacy

Hours

- Mon–Fri: 9 a–7 p
- Sat: 9 a–3 p
- Sun: Closed

Hospital/ED Delivery Times

- Mon–Fri: 11a, 1p, 3p, 5p, 6:30p
- Sat: 11a, 2:30p

Note

- Call them at **6280** to request delivery

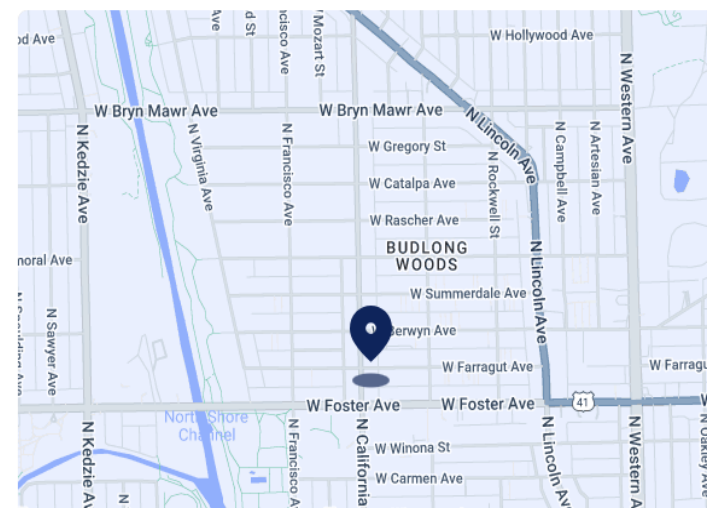
https://www.endeavorhealth.org/locations/swedish-hospital-outpatient-pharmacy-health-center-1

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Swedish Hospital Outpatient Pharmacy – Health Center 1

5215 N. California Ave., Suite F-103, Chicago, IL 60625

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Hours

Operating hours ^

Monday	9:00 a.m.–7:00 p.m.
Tuesday	9:00 a.m.–7:00 p.m.
Wednesday	9:00 a.m.–7:00 p.m.
Thursday	9:00 a.m.–7:00 p.m.
Friday	9:00 a.m.–7:00 p.m.
Saturday	9:00 a.m.–3:00 p.m.
Sunday	Closed

Stock Updates

- **Lorazepam (injectable):** Available; continue to order PO if tolerated
- **Bicillin LA:** Shortage; restricted to pregnant patients with syphilis
- **Tranexamic acid premix:** Expected to be available in Pyx next week
- **Diltiazem drip:** IVPB prepared and sent from pharmacy

