

## Heparin Orders – Standard Dose NOT for use in patients receiving ReoPro/Integrilin/Thrombolytics

| Date/Time | Physician Order  |   |
|-----------|--|---|
|           | <p><b>ALLERGIES</b> _____ <b>Ht.</b> _____ <b>ft/in</b> <b>Wt.</b> _____ <b>lbs.</b></p> <p><b>PTT</b> – default for all patients<br/> <b>ACT</b> – by physician preference only<br/> <input type="checkbox"/> ACT may only be ordered by physician preference (check if applies)</p> <p><b>LABORATORY</b></p> <ol style="list-style-type: none"> <li>1. Obtain CBC, PTT, PT prior to initiation of heparin therapy if not already done in previous 24 hours.</li> <li>2. Obtain PTT or ACT every 6 hours after initiation of heparin infusion.</li> <li>3. Obtain CBC every third day unless otherwise ordered during heparin therapy.</li> </ol> <p><b>NURSING</b></p> <ol style="list-style-type: none"> <li>4. Continue dosing based on initial weight. If patient weight changes 10 lbs or more, rewrite the orders with new dose.</li> <li>5. Check if patient has received previous heparin bolus, heparin infusion, low molecular weight heparin (examples: Lovenox or Fragmin) or Xigris (drotrecogin alfa). If patient has received either within 12 hours, contact physician prior to starting further heparin.</li> <li>6. Do not start new order for low molecular weight heparin (i.e. Lovenox or Fragmin) or Xigris (drotrecogin alfa) until notifying physician of current heparin infusion.</li> <li>7. <b>Use heparin dosing chart for infusion rates and adjustments.</b></li> <li>8. Order a PTT or ACT 6 hours after any dosage change, adjusting the heparin infusion by the sliding scale until PTT or ACT is within therapeutic range. When two consecutive laboratory values are therapeutic, order PTT or ACT (and readjust the heparin drip as needed) every 12 hours.</li> <li>9. Obtain stat PTT or ACT and call physician if evidence of bleeding.</li> <li>10. Discontinue CBC's and PTT/ACT's when heparin discontinued.</li> <li>11. Daily weight if diuresing.</li> <li>12. Minimize IM injection while on heparin infusion.</li> </ol> <p><b>PHARMACY</b></p> <ol style="list-style-type: none"> <li>13. Dosing based on total body weight: _____ lb = _____ kg (wt in lb x 0.45) (<b>round down to the nearest 5 lbs</b>) <ul style="list-style-type: none"> <li>• <u>Loading dose</u>: 70 units/kg = _____ <b>units</b> IV push, <b>maximum 10,000 units.</b></li> <li>• <u>Maintenance dose infusion</u> (Heparin premix 25,000 units in 250 mL 0.45% sodium chloride = 100 units/mL):<br/> 17 units/kg/hour = _____ <b>mL/hour</b> on an infusion pump, <b>maximum initial dose 2000 units/hour (20mL/hour).</b></li> </ul> </li> </ol> |   |
|           | <b>PTT(seconds)</b>  | <b>Action USE FLOWCHART FOR DOSING</b>  |
|           | Less than 65   | Give bolus of heparin of 70 units/kg = _____ units,<br>and increase drip by 4 units/kg/hour = _____ mL/hour |
|           | 65-74  | Give bolus of heparin of 40 units/kg = _____ units,<br>and increase drip by 2 units/kg/hour = _____ mL/hour |
|           | <b>75-105</b>  | <b>Maintain current rate of infusion (therapeutic range)</b>  |
|           | 106-116  | Reduce the rate of drip by 2 units/kg/hour = _____ mL/hour  |
|           | Greater than 116   | Hold the heparin for one hour, and then<br>reduce the rate of drip by 3 units/kg/hour = _____ mL/hour       |
|           | <p>_____</p> <p>Physician Signature</p> <p>_____</p> <p>Date/Time</p>  |   |

PO-2175-2-W-3 (Rev. 11-21-06)

