

"Draw a line through orders that are not to be implemented. If a [] is present, it must be \checkmark d if the order is to be implemented. If a _____ (blank) is present, it must be filled in with an amount/frequency or type to implement the order."

1. **Labs:** CBC with platelets, PT/INR & aPTT STAT (if not taken w/in previous 48 hrs). Then, CBC with platelets q3days.
2. Following the lab draw, initiate **Heparin** 25,000 units in 500ml D5W IV.
3. **aPTT Orders:**
 - A. Obtain a STAT-timed aPTT 6 hours after heparin bolus and q6h until therapeutic x 2, then qAM.
(Adjust heparin infusion by the appropriate nomogram below after each aPTT.)
 - B. Obtain a STAT-timed aPTT 6 hours after any dosage adjustment. (If infusion stopped per protocol, order aPTT 6 hours from the time infusion stopped.)
4. **Document all dosage changes on a Physician Order:** Based on aPTT result, RN to adjust heparin dose and reorder aPTT as directed in #3 above.
5. Notify physician immediately for any signs of bleeding and/or neurological status changes.
6. Thrombolytic therapy patients: **Do not stop or adjust heparin therapy during the first 12 hours after thrombolytic therapy.**
Call MD for aPTT greater than 120.

Patient Weight: _____ kg (must use kg wt. to determine dose) *Note: Patient weight in kg = wt in lbs. divided by 2.2*

FULL-DOSE HEPARIN:
Suggested for: Deep Vein Thrombosis, Pulmonary Embolism (without thrombolytics and/or IIb/IIIa's)
Therapeutic range is 60-85 seconds*

No Initial bolus (only if checked)

Initial Bolus: 80 units/kg IV* (maximum 10,000 units) plus
Infusion: 18 units/kg/hr IV*
(initial rate maximum 1,500 units/hr)

*Note: all doses are rounded to the nearest 50 units

CARDIAC-DOSE HEPARIN:
Suggested for: Unstable Angina & AMI.
Includes treatment with thrombolytics and IIb/IIIa's.
Therapeutic range is 55-75 seconds**

No Initial bolus (only if checked)

Wt 100kg or less:
Initial Bolus: 60 units/kg IV* (max 4,000 units) plus
Infusion: 12 units/kg/hr IV* (initial rate max 900
Units/hr)

Wt greater than 100kg:
Initial Bolus: 5000 units IV* plus
Infusion: 12 units/kg/hr* (initial rate max 1,000 units/hr)

*Note: all doses are rounded to the nearest 50 units

aPTT (SECONDS)	REPEAT BOLUS (UNITS)	STOP INFUSION MINUTES	CHANGE RATE OF INFUSION (UNITS/HOUR)
Less than 46	Rebolus 80 units/kg (5000 units max)	0	↑ 200 units/hour
46-59	Rebolus 40 units/kg (5000 units max)	0	↑ 100 units/hour
asFull Dose Therapeutic Range	0	0	No change
60-85			
86-110	0	0	↓ 50 units/hour
111-120	0	Stop infusion for 30 minutes	↓ 100 units/hour
Greater than 120	0	Stop infusion for 60 minutes	↓ 150 units/hour

aPTT (SECONDS)	REPEAT BOLUS (UNITS)	STOP INFUSION MINUTES	CHANGE RATE OF INFUSION (UNITS/HOUR)
Less than 44	Rebolus 30 units/kg (2000 units max)	0	↑ 100 units/hour
44-54	0	0	↑ 50 units/hour
Cardiac Dose Therapeutic Range	0	0	No change
55-75			
76-85	0	0	↓ 50 units/hour
86-96	0	Stop infusion for 30 minutes	↓ 100 units/hour
Greater than 96	0	Stop infusion for 60 minutes	↓ 150 units/hour

*(Therapeutic aPTT based on range of 0.3-0.7 heparin unit levels)

** (Therapeutic aPTT based on range of 0.2-0.5 heparin unit levels)

All Laboratory and Radiology tests should be reasonable and medically necessary for the diagnosis and treatment of the patient. On all outpatient services, CMS requires a specific & individualized ICD-9-CM code on a per-test basis. If these orders are being utilized on an outpatient, please include the appropriate "medical necessity" documentation on a per-test basis.

Date: _____