**PHYSICIAN’S ORDERS**

HT: _____________ cm  WT: _____________ kg  
DATE: ____________________  
Allergies: ___________________________  
TIME:_____________________

**P&T STANDARD HEPARIN PROTOCOL**

*(For use at Methodist Germantown, MECH, North, SNF, South, and University Hospitals.)*

(This protocol is not intended for use in stroke patients nor pediatric patients.)

1. Verify indication; DVT / PE? [ ] No [ ] Yes (Contact physician if indication not specified).
2. Is patient on any other form of heparin (enoxaparin / dalteparin / fondaparinux)?
   [ ] No - If No; Go to step 3  [ ] Yes - If Yes;
   • Discontinue all other forms of heparin
   • If on full dose anticoagulation, delay Heparin bolus / infusion for 12 hours after last dose
   • If on prophylaxis doses, no delay is necessary
3. If patient has IM injection orders, Call MD for clarification (IM injections not recommended while on Heparin; may vaccinate if aPTT less than 110 seconds).
4. Labs: *(do not interrupt Heparin Infusion to collect labs nor collect from Heparin infusion IV line or distally).*
   • Start second IV line access (INT) for blood draws if necessary.
   • Obtain baseline aPTT and CBC without diff. (if not done in previous 48 hours)
   • Call MD if baseline or subsequent platelet count is less than 100,000 / mm³ or if platelet count decreases by 50% from baseline
   • CBC without differential every AM
   • aPTT six hours after starting infusion (order as “time priority”)
   • aPTT every AM after Heparin Infusion begun and therapeutic range (aPTT 70 – 110 seconds) achieved.
5. **Give Heparin Initial Bolus prior to beginning infusion**
   - Indication is NOT DVT / PE
   - Indication is DVT / PE
   - Heparin Bolus IV push
   - Weight (in kg) divided by 2.3 = ________ ml/hr

6. **Initial rate** after bolus (use standard Heparin pre-mixed concentration of 20,000 units / 500 ml D5W).

7. **Titration**
   - aPTT Value (in seconds) 
   - Additional Action 
   - Rate Change (in ml/hr) 
   - Additional Labs (order as “time priority”)

8. Update **Heparin Protocol Flow Record** (including all aPTT and platelet values, boluses, rates, and changes).

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<th>Physician Signature:</th>
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