

P & T STANDARD HEPARIN PROTOCOL FLOW RECORD

HT: _____

•

_____ cm_WT: _____ kg_Allergies:___

Indications; DVT / PE? [] No [] Yes

- Baseline platelet count ______
 (Call MD if less than 100,000 / mm³)

 Baseline platelet count divided by 2 = ______
 (Call MD if subsequent platelet counts are below this number).

 •
- Update Heparin Protocol Flow Record (including all aPTT and platelet values, boluses, rates, and changes).
- (See ordered Heparin Protocol to determine initial bolus, initial rates, titration, additional actions, and additional labs). •
- Document bag changes on the MAR. •
- Document "see Heparin Flow Record" on the MAR for the time and dose of any boluses, rates, and rate changes. •
- Discontinue daily CBC without Differential and daily aPTT when Heparin Protocol discontinued.

| Lab | Results (S | ol for required | l actions) | Heparin Bolus and Infusion Documentation | | | | | | | |
|--------------------|--------------------|-----------------|---|---|--|------|----------|---|---|--|--|
| (Baseline sh | ould also be e | st line) | | (Make entry on the same line corresponding to lab results even if rate is | | | | | | | |
| | T | 1 | 1 | | unchanged. Time reflects when IV setting reviewed or changed). | | | | | | |
| Date (of lab draw) | Time (of lab draw) | Initials | aPTT Results (enter N/A if not applicable) | Platelet Results (enter N/A if not applicable) | Date | Time | Initials | Bolus dose (enter N/A if not applicable) | Rate set to: (enter "held" if applicable) | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Signatures

| Signatures Initials | | Signatures | Initials | Signatures | Initials |
|---------------------|--|------------|----------|------------|----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Maintain in Medical Record.

(Use with "P&T Standard Heparin Protocol - 066-P&T-MED-0707-VER2HPR-UNG) • DWT-PMR-010; Approved by CPC Chair 07/02/07.