Physician Orders ADULT: Heparin Impella Device Non-Protocol Infusion Plan

Heparin Impella Device Non-Protocol Infusion Plan

Non Categorized
R  Heparin Non-Protocol Infusion Orders
T;N

Nursing Communication
☐ Nursing Communication
T;N, Discontinue all other forms of Heparin(enoxaparin/dalteparin/fondaparinux). If patient on full dose anticoagulation, delay Heparin bolus or infusion for 12 hrs after last dose. If patient is on prophylactic Heparin doses, no delay is necessary.

☐ Nursing Communication
T;N, Place order for aPTT Heparin six hours after starting infusion. (Order as Time Study)

☐ Nursing Communication
T;N, Titration: Place order for additional aPTT Heparin q6h (TimeStudy) as indicated by rate change criteria.

☐ Nursing Communication
T;N, Change order for aPTT Heparin to qam after Heparin infusion begun and therapeutic range (PTT 50 - 70 seconds) achieved.

☐ Nursing Communication
T;N, If patient has IM injection orders, call MD for clarification (IM injections not recommended while on Heparin; may vaccinate if aPTT Heparin less than 70 seconds.

☐ Nursing Communication
T;N, 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.

Medications
☐ heparin 20,000 units/D5W infusion
20,000 units 500 mL, IV, Routine, TITRATE, Comment: NO BOLUS for this protocol! If weight greater than or equal to 80 kg, initial rate is 25 mL/hr. If weight less than 80 kg, calculate initial rate. Initial rate = weight (in kg) divided by 3.3 = ______ mL/hr. Goal aPTT is 50 - 70 seconds.

Titration Instructions
aPTT Range:
Less than or equal to 34.9 sec  
35-49.9 sec  
50-70 sec  
70.1-85 sec  
> 85 sec

Action:
Increase rate by 240 units/hr (6mL/hr) and repeat PTT q6h
Increase rate by 120 units/hr (3mL/hr) and repeat PTT in 6hrs
Maintain same rate
Decrease rate by 120 units/hr(3mL/hr) and repeat PTT in 6hrs
Hold infusion for 1 hour then decrease rate by 240 units/hr (6mL/hr) and continue aPTT q6h after infusion resumed.

Laboratory
R  Partial Thromboplastin Time
STAT, T;N, once, Type: Blood
☐ CBC w/o Diff
STAT, T;N, once, Type: Blood
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☐ CBC w/o Diff

Routine, T+1;0400, qam, Type: Blood

Consults/Notifications/Referrals

☑ Notify Physician-Continuing

Notify: Physician, Notify For: if baseline or subsequent platelet counts fall below 100,000/mm³ or if there is a 50% drop from the baseline platelet count.

__________________   _________________   ______________________________________  __________
Date                      Time                      Physician’s Signature                      MD Number

*Report Legend:
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R-Required order