

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

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Study)
by rate change
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mmended while
n IV line or
ater than or nt (in kg) divided

Titration Instructions

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

> 85 sec

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

