

Physician Orders: ADULT Heparin Cardiology Protocol Orders

[X or R] = will be ordered unless marked out. T= Today; N = Now (date and time ordered)

Height	Height:cm Weight:kg			
Allergies:		[] No known allergies		
[]Med	dication allergy(s):			
[] La	tex allergy []Other:			
[R]	Heparin Cardiology Protocol Orders	T;N		
		Patient Care		
[]	Nursing Communication	T;N, Heparin protocol: Discontinue all other forms of Heparin (enoxaparin,dalteparin, fondaparinux). If patient on full dose anticoagulation-delay Heparin bolus/infusion for 12 hrs after last dose. If patient on prophylactic Heparin doses, no delay necessary.		
[]	Nursing Communication	T;N, Place order for aPTT Heparin six hours after starting infusion (order as Time Study priority).		
[]	Nursing Communication	T;N, Titration: place order for additional aPTT Heparin q6h (Time Study) 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 70-110 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 110 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.		
		Continuous Infusions		
[]	heparin bolus per Cardiology protocol	1 dose, Injection, IV Push, once, Routine, Comment: Pharmacy will provide dose per protocol.		
[]	heparin bolus per Cardiology protocol	1 dose, Injection, IV Push, q6h, PRN Other, specify in Comment, Routine, Comment: PRN for PTT less than or equal to 54.9 secs, Pharmacy will provide dose per protocol.		
[]	heparin (heparin 20,000 units/D5W infusion)	20,000 units / 500 mL,IV,Routine,T;N,Titrate, Comment: Give bolus prior to start of infusion if ordered. If weight greater than 80kg, starting rate=25mL/hr, then titrate per PTT chart. If weight less than 80kg, starting rate=weight(kg)/3.3, then titrate per PTT chart; *PTT(sec)* *Rate Change(ml/hr)* *Additional Information* *Draw PTT* =54.9 Increase 240 units/hr (6ml/hr) Give additional heparin in 6hr IV Bolus 55-69.9 Increase 120 units/hr (3ml/hr) in 6hr 70-110 Maintain rate Daily 110.1-124.9 Decrease 120 units/hr (3ml/hr) in 6hr /=125 Decrease 240 units/hr (6ml/hr) Hold infusion 1 hr in 6hr		





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	Laboratory			
[]	Partial Thromboplastin Time (PTT)	STAT, T;N, once, Type: Blood, Comment: for Heparin Cardiology Protocol.		
[]	CBC w/o Diff	T;N,STAT,once,Type: Blood, Comment: To be used Baseline Heparin Cardiology protocol		
[]	Hematocrit & Hemoglobin	Routine, T+1;0400, qam, Type: Blood		
[]	Platelet Count	Routine, T+1;0400, qam, Type: Blood		
Consults/Notifications				
[]	Notify Physician-Continuing	T;N, if baseline platelet count is less than 100,000/mm3, if 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

PT Heparin Cardiology Protocol Orders 23019 QM0513 Rev021417



PHYSICIAN'S ORDERS

(Place Patient Sticker Here)

HI:	_cm	
WT:	_kg	DATE:
Allergies:		TIME:

P&T STANDARD HEPARIN PROTOCOL

(For use at Methodist Germantown, MECH, North, SNF, South, Olive Branch 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 [] Yes If No; Go to step 3

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
 - Hemoglobin, hematocrit, and platelets every AM
 - aPTT heparin six hours after starting infusion (order as "time priority")
 - aPTT heparin every AM after Heparin Infusion begun and therapeutic range (aPTT heparin 70-110 seconds) achieved.

5. Give Heparin Initial Bolus prior to beginning infusion

Indication is Cardiology	Indication is DVT / PE
Heparin Bolus IV push	Heparin Bolus IV push
[] No bolus per physician order	[] Weight less than 90 kg, give 5,000 units
[] Weight less than 60 kg, give 2,500 units	[] Weight 90–110 kg, give 7,500 units
[] Weight greater than or equal to 60kg, give 4,000 units	[] Weight greater than 110 kg, give 10,000 units

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

Indication is Cardiology	Indication is DVT / PE
[] If weight equal to or greater than 80 kg,	[] If weight equal to or greater than 87kg
initial rate is: 25 ml/hr.	initial rate is: 38 ml/hr
[] If weight less than 80kg, calculate initial rate. Initial rate =	[] If weight less than 87 kg, calculate initial rate. Initial rate=
Weight (in kg) divided by 3.3 =ml/hr	Weight (in kg) divided by 2.3=ml/hr

7. Titration

aPTT heparin Value (in seconds)	Additional Action	Rate Change (in ml/hr)	Additional Labs (order as "time priority)
≤ 54.9 sec	Give bolus dose as listed in section 5 (even if initial bolus was omitted)	Increase rate by 240 units / hr (6 ml / hr)	Repeat aPTT heparin in 6 hours
55-69.9 sec	N/A	Increase rate by 120 units / hr (3 ml / hr)	Repeat aPTT heparin in 6 hours
70-110 sec	N/A	Maintain same rate	N/A
110.1-124.9 sec	N/A	Decrease rate by 120 units / hr (3 ml / hr)	Repeat aPTT heparin in 6 hours
≥ 125 sec	Hold infusion for 1 hour	Decrease rate by 240 units / hr (6 ml / hr)	Repeat aPTT heparin 6 hours after infusion resumed

- 8. Update Heparin Protocol Flow Record (including all aPTT and platelet values, boluses, rates, and changes).
- 9. Discontinue daily hemoglobin, hematocrit, platelets and daily aPTT when Heparin Protocol discontinued.

Physician Signature:	Physician Number:	Date/Time
RN Signature:	Physician Number:	Date/Time