



**Physician Orders ADULT**  
**Order Set: Glycoprotein IIb/IIIa Dosing Protocol**  
**Orders**

[R] = will be ordered  
 T= Today; N = Now (date and time ordered)  
 Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

**Allergies:**  No known allergies

Medication allergy(s): \_\_\_\_\_

Latex allergy  Other: \_\_\_\_\_

**Patient Care**

Glycoprotein IIb/IIIa Dosing Protocol T;N  
 Or (Glycoprotein IIb/IIIa Dosing Protocol Orders Initiate)

**Medications**

**NOTE: Select either Reopro OR Integrilin orders from below:**

**ReoPro - Glycoprotein IIb/IIIa Orders**

**NOTE: If platelet count is less than 100,000, abciximab (ReoPro) is contraindicated and will not be given.**

abciximab (Reopro) 0.25 mg/kg, Injection, IV Push, once, Routine, (1 dose) Comment: Administer over 2-3 minutes

abciximab (Reopro) infusion 7.2 mg/250mL, IV, Routine, T;N, (x 12 hr or \_\_\_\_\_ hr), 0.125 mcg/kg/min  
 Comment: Maximum rate= 10mcg/min

**Integrilin - Glycoprotein IIb/IIIa Orders**

**NOTE: If patient is on dialysis, eptifibatide (Integrilin) is contraindicated and will not be given.**

**NOTE: Choose either Cath Lab Dose or ACS Dose orders from below:**

**Integrilin Cath Lab Dose Orders**

eptifibatide (Integrilin) bolus 180 mcg/kg, Injection, IV Push, q10min, Routine, T;N, (x 2 dose)

eptifibatide (Integrilin) infusion 75 mg/100 mL, IV, Routine, T;N, ( x 24hr or \_\_\_\_\_ hr), 2 mcg/kg/min

**NOTE: If calculated CrCl is less than 50 mL/min (based on actual weight) place order below**

eptifibatide (Integrilin) infusion 75 mg/100 mL, IV, Routine, T;N, ( x 24hr or \_\_\_\_\_ hr), 1 mcg/kg/min

**Integrilin ACS Dose**

**NOTE: Choose bolus and infusion order from below:**

eptifibatide (Integrilin) bolus 180 mcg/kg, Injection, IV Push, once, Routine, T;N, (x1 dose) Comment: Administer over 1 minute.

eptifibatide (Integrilin) infusion 75 mg/100 mL, IV, Routine, T;N, 2 mcg/kg/min

**NOTE: If calculated CrCl is less than 50 mL/min (based on actual weight) place order below:**

eptifibatide (Integrilin) infusion 75 mg/100 mL, IV, Routine, T;N, 1 mcg/kg/min

\_\_\_\_\_  
 Date Time Physician's Signature MD Number

