



attach patient label here

Physician Orders: ADULT Heparin VTE Protocol Orders

[X or R] = will be ordered unless marked out.

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies	
<input type="checkbox"/> Medication allergy(s): _____			
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____			
<input checked="" type="checkbox"/> [R]	Heparin VTE Protocol Orders	T;N	
Patient Care			
<input type="checkbox"/> []	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.	
<input type="checkbox"/> []	Nursing Communication	T;N, Place order for aPTT Heparin six hours after starting infusion (order as Time Study priority).	
<input type="checkbox"/> []	Nursing Communication	T;N, Titration: place order for additional aPTT Heparin q6h (Time Study) as indicated by rate change criteria.	
<input type="checkbox"/> []	Nursing Communication	T;N, Change order for aPTT Heparin to qam after Heparin infusion begun and therapeutic range (PTT 70-110 seconds) achieved.	
<input type="checkbox"/> []	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.	
<input type="checkbox"/> []	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			
<input type="checkbox"/> []	heparin bolus per VTE protocol	1 dose, Injection, IV Push, once, Routine, Comment: Pharmacy will provide dose per protocol.	
<input type="checkbox"/> []	heparin bolus per VTE 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.	
<input type="checkbox"/> []	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 87kg, starting rate=38mL/hr, then titrate per PTT chart. If weight less than 87kg, starting rate=weight(kg)/2.3, then titrate per PTT chart;	
		PTT(sec) <=54.9	*Rate Change(ml/hr)* Increase 240 units/hr (6ml/hr)
		55-69.9 70-110 110.1-124.9 >=125	Increase 120 units/hr (3ml/hr) Maintain rate Decrease 120 units/hr (3ml/hr) Decrease 240 units/hr (6ml/hr)
		Additional Information Give additional heparin IV Bolus	*Draw PTT* in 6hr in 6hr Daily in 6hr in 6hr
			Hold infusion 1 hr





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Laboratory	
[]	Partial Thromboplastin Time (PTT) STAT, T;N, once, Type: Blood, Comment: for Heparin VTE Protocol.
[]	CBC w/o Diff T;N,STAT,once,Type: Blood, Comment: To be used Baseline Heparin VTE 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
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PHYSICIAN'S ORDERS

(Place Patient Sticker Here)

HT: _____ 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
<input type="checkbox"/> No bolus per physician order	<input type="checkbox"/> Weight less than 90 kg, give 5,000 units
<input type="checkbox"/> Weight less than 60 kg, give 2,500 units	<input type="checkbox"/> Weight 90–110 kg, give 7,500 units
<input type="checkbox"/> Weight greater than or equal to 60kg, give 4,000 units	<input type="checkbox"/> 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
<input type="checkbox"/> If weight equal to or greater than 80 kg ,	<input type="checkbox"/> If weight equal to or greater than 87kg
initial rate is: 25 ml/hr.	initial rate is: 38 ml/hr
<input type="checkbox"/> If weight less than 80kg, calculate initial rate. Initial rate =	<input type="checkbox"/> 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