



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:**  No known allergies

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

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

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)*	*Rate Change(ml/hr)*	*Additional Information*	*Draw PTT*
		</=54.9	Increase 240 units/hr (6ml/hr)	Give additional heparin IV Bolus	in 6hr
		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





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)

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/mm <sup>3</sup> , if subsequent platelet counts fall below 100,000/mm <sup>3</sup> or if there is a 50% drop from the baseline platelet count.

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



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
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).
5. Give Heparin Initial Bolus prior to beginning infusion

Table with 2 columns: Indication is Cardiology, Indication is DVT / PE. Rows include Heparin Bolus IV push and weight-based dosing instructions.

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

Table with 2 columns: Indication is Cardiology, Indication is DVT / PE. Rows include initial rate calculations based on weight.

7. Titration

Table with 4 columns: aPTT heparin Value (in seconds), Additional Action, Rate Change (in ml/hr), Additional Labs (order as 'time priority'). Rows show titration steps for different aPTT ranges.

- 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.

Signature and Number fields for Physician and RN.