



attach patient label here

Physician Orders: ADULT
Heparin Non Protocol Infusion 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: _____

ATTENTION: This is NOT the standard heparin P & T protocol. These orders are required when P and T standard Heparin Protocol is not ordered. To obtain the standard protocol, see either the "Heparin VTE Protocol Orders" set of the "Heparin Non-VTE Protocol Orders" set.[R] Heparin Non Protocol Infusion T;N
Orders**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 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.

Medications**NOTE: Maximum recommended dose for Heparin bolus is 80 units/kg up to 10,000 units. Round Dose to nearest 2.500 units.**

[] heparin _____ units, Injection, IV Push, once, Routine, Bolus

Continuous Infusions**NOTE: Please specify initial infusion rate and goal aPTT Heparin range in order comments on the order below: Reference Range: Standard Heparin Protocol Therapeutic Range for DVT/PE is 65-110 seconds.**[] 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. Initial rate: _____ units/hr.
Maximum initial rate is 18 units/kg/hr (not to exceed 1520 units/hr).
Goal aPTT Heparin range= _____ seconds to _____ seconds.
aPTT Heparin range: Action:
Less than goal range increase rate by 3mL/hr and repeat aPTT Heparin in 6 hrs
If within goal range maintain same rate
If exceeds goal range but less than 110 secs decrease rate by 3mL/hr and repeat aPTT Heparin in 6 hrs
If greater than or equal 110 seconds Hold infusion for 1 hour then decrease rate by 6mL/hr and continue aPTT Heparin q6h after infusion resumed.



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Laboratory		
[]	Partial Thromboplastin Time (PTT)	STAT, T;N, once, Type: Blood, Comment: To be used for Baseline - Heparin Infusion per MD orders.
[]	CBC w/o Diff	T;N,STAT,once,Type: Blood, Comment: to be used baseline -Heparin Infusion per MD Orders
[]	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 ³ , if subsequent platelet counts fall below 100,000/mm ³ or if there is a 50% drop from the baseline platelet count.

Date	Time	Physician's Signature	MD Number
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