CROZER KEYSTONE HEALTH SYSTEM

PHYSICIAN'S ORDERS – IV Heparin

☐ **CROZER** ☐ **TAYLOR HOSPITAL**
☐ **SPRINGFIELD HOSPITAL** ☐ **COMMUNITY HOSPITAL**

Height:_____ **Weight (required) :** _____ **pounds =** _____ **kg Allergies:**_____

- STAT: ☐PT/INR ☐PTT ☐CBC ☐CBC with diff
- ☐ **Initiate Heparin immediately** ☐ **DO NOT initiate heparin until results received. Call physician for abnormal values**
- Obtain CBC every other day.
- Change or discontinue all intramuscular injections.
- Obtain PTT 6 hours after heparin initiation. If therapeutic, repeat PTT in 6 hours. If not therapeutic, make appropriate dosage adjustment and repeat PTT 6 hours **after dosage change is made**. Continue process until 2 consecutive PTTs are therapeutic.
- Once 2 consecutive PTTs are in therapeutic range, obtain PTT daily and adjust per protocol.
- If PTT falls out of the therapeutic range, adjust rate per protocol and resume checking PTT in 6 hours. If therapeutic, repeat PTT in 6 hours. If not therapeutic, make appropriate dosage adjustment and repeat PTT in 6 hours **after dosage change is made**. When 2 consecutive PTTs are in therapeutic range resume daily PTTs and continue adjusting per protocol.

Standard Heparin Infusion – Heparin 25,000 units/250 ml 0.45% NSS (Concentration=100 units/ml) round dose to the nearest 100 units

	Indication	Bolus Dose (IV Push)	Maintenance Dose (Continuous Infusion)
☐	**Myocardial Infarction with non-ST elevation OR Unstable Angina**	_____ units/kg (60-70) = _____ units (Recommended maximum dose: 5,000 units)	___ units/kg/hr (12-15) = _____ units/hr (Recommended maximum initial dose: 1,000 units/hr)
☐	**Myocardial Infarction with a thrombolytic agent**	60 units/kg = _____ units (Recommended maximum dose: 4,000 units)	12 units/kg/hr = _____ units/hr (Recommended maximum initial dose: 1,000 units/hr)
☐	**Ischemic Stroke** (If heparin clinically indicated; Not recommended with thrombolytics)	NO BOLUS	12 units/kg/hr = _____ units/hr (Recommended maximum initial dose: 1,000 units/hr)
☐	**Deep Vein Thrombosis (DVT) OR Pulmonary Embolism (PE)**	80 units/kg = _____ units (Recommended maximum dose: 10,000 units)	18 units/kg/hr = _____ units/hr (Recommended maximum initial dose: 2,000 units/hr)
☐	**Other:** _____	_____ units/kg = _____ units	_____units/kg/hr =_____ units/hr

Adjust Heparin infusion as follows based on PTT

☐ **Myocardial Infarction**
PTT Range 50-75 seconds

PTT (seconds)	Heparin Order
Less than 40	Bolus 30 units/kg Increase rate by 200 units/hr
40-49	Increase rate by 100 units/hr
50-75	No Change
76-85	Decrease rate by 100 units/hr
86-95	Hold Heparin for 30 minutes Decrease rate by 200 units/hr
96-114	Hold Heparin for 60 minutes Decrease rate by 200 units/hr
Greater than 114	**Stop infusion AND call physician**

☐ **Ischemic Stroke**
PTT Range 45-70 seconds
(If heparin clinically indicated; not recommended with thrombolytics)

PTT (seconds)	Heparin Order
Less than 40	Increase rate by 200 units/hr
40-44	Increase rate by 100 units/hr
45-70	No Change
71-80	Decrease rate by 100 units/hr
81-95	Hold Heparin for 30 minutes Decrease rate by 200 units/hr
Greater than 95	**Stop infusion AND call physician**

☐ **DVT or PE**
PTT Range 60-80 seconds

PTT (seconds)	Heparin Order
Less than 40	Bolus 80 units/kg Increase rate by 200 units/hr
40-49	Bolus 40 units/kg Increase rate by 100 units/hr
50-59	Increase rate by 100 units/hr
60-80	No change
81-95	Decrease rate by 100 units/hr
96-114	Hold Heparin for 30 minutes Decrease rate by 200 units/hr
Greater than 114	**Stop infusion AND call physician**

☐ **Other**
PTT Range _____

PTT (seconds)	Heparin Order

- Examine all sites (skin, nose, throat, gums, urine, stool) for bleeding on every shift
- Stop heparin infusion and notify physician for signs of significant or unexpected bleeding, mental status changes or shock.

DATE_____ TIME_____ PHYSICIAN SIGNATURE_____

This order set is intended to be used as a guide, and healthcare professionals should use sound clinical judgement and individualize therapy to each specific patient care situation. This order set is not meant to be a replacement of training, expertise, experience or studying the latest drug prescribing literature. This order set is intended to be a quick reminder of information you have learned elsewhere. Form # 6102 (Rev. 3/04) Approved by P&T Committee July 2003