Union Memorial Hospital
Experience Matters

201 East University Parkway
Baltimore, MD 21218-2895
MedStar Health

DATE

IMPRINT WITH PATIENT CHARGE PLATE

HEPARIN WEIGHT BASED PROTOCOL DOCTOR'S ORDER SHEET

ALLERGY OR SENSITIVITY: ❑ **No** ❑ **Yes, List Below**

DIAGNOSIS:

HEIGHT

WEIGHT lb. / Kg

ORDER RECORDED | SPECIAL ORDER COMPLETED | COMPLETED OR DISCONTINUED

Heparin 25,000 units / 500 ml D5W = 50 units / ml - Do not change concentration

IDEAL BODY WT (IBW) (Kg)

DOSING WT (Kg)[1]

DATE	TIME	DOCTOR'S ORDER AND SIGNATURE			DATE	TIME
		1. Do NOT use this protocol if baseline PTT prolonged due to coagulation abnormalities and/or lupus.				
		2. Initiate Heparin Weight Based Protocol				
		3. Obtain baseline labs PT, PTT, HCT and platelets. Obtain HCT and platelets qod starting on day 3 until heparin discontinued.				
		4. Guaiac stools daily for 3 days.				
		5. Administer heparin bolus and initiate heparin infusion 25,000 units / 500 ml D5W (50 units / ml) based on **Dosing Weight**[1]. Titrate infusion rate according to Dosage Adjustment Nomogram and desired PTT range. a. ❑ **Low Dose Heparin Protocol**[2] • Bolus of 60 units / kg • Infusion of 12 units / kg / hr • Desired PTT range of 60 - 71 seconds b. ❑ **Full Dose Heparin Protocol**[3] • Bolus of 80 units / kg • Infusion of 16 units / kg / hr • Desired PTT range of 72 - 95 seconds				
		6. Obtain STAT PTT 8 hours after infusion started or rate change until therapeutic for **two** consecutive PTTs, then daily.				
		7. If heparin rate > 22 units / kg / hr is required to obtain therapeutic PTT notify physician.				
		8. If INR is checked and > 4 hold heparin and call physician. (ie: patient on warfarin)				

DOSAGE ADJUSTMENT NOMOGRAM

PTT (seconds)	LOW DOSE HEPARIN PROTOCOL - INFUSION ADJUSTMENT	FULL DOSE HEPARIN PROTOCOL - INFUSION ADJUSTMENT
< 48 seconds	Rebolus 30 units/kg, increase infusion rate by 2 units/kg/hr	Rebolus 40 units/kg, increase infusion rate by 3 units/kg/hr
48 - 59 seconds	Increase infusion rate by 1 units/kg/hr	Increase infusion rate by 2 units/kg/hr
60 - 71 seconds	***No Change - Desired Range***	Increase infusion rate by 1 units/kg/hr
72 - 95 seconds	Decrease infusion rate by 1 units/kg/hr	***No Change - Desired Range***
96 - 118 seconds	Hold infusion for 30 minutes, then decrease rate by 2 units/kg/hr and resume infusion	Decrease infusion rate by 1 units/kg/hr
119 - 141 seconds	Hold infusion for 1 hour, then decrease by 3 units/kg/hr and resume infusion	Decrease infusion rate by 2 units/kg/hr
> 141 seconds	Hold infusion for 2 hours, then draw **STAT** PTT. If PTT < 141 resume infusion but **DECREASE** by 4 units/kg/hr. If PTT still ≥ 141 notify MD.	Hold infusion for 2 hours, then draw **STAT** PTT. If PTT < 141 resume infusion but **DECREASE** by 3 units/kg/hr. If PTT still ≥ 141 notify MD.

1 Dosing Weight - If patient's actual weight is 20% greater then their ideal body weight, the actual weight cannot be used to dose the heparin. To calculate ideal body weight and dosing weight see the *Heparin Weight Based Protocol Flow Sheet.*

2 Low Dose Heparin Protocol should be utilized in patients in whom lower levels of anticoagulation is desired. Dosing recommendations based on AHA/ACA guidelines for patients with unstable angina or MI treated with thrombolytics or patients with non-ST segment MIs or unstable angina in whom lower levels of anticoagulation are recommended.

3 Full Dose Heparin Protocol for patients with acute thrombosis such as DVT, PE and other patients who require full anticoagulation (valves, recurrent thrombosis).

Physician Signature: _____ Date/Time: _____

Nurse's Signature: _____ Date/Time: _____