

| | | |
|--------------------------|--------------------------|---|
| Prohibited | Allowed | Patient Information (Place PLUE label here) |
| U, IU | Units | |
| QD | Daily | |
| QOD | Every other day or q48h | |
| No leading zeros (.5 mg) | Leading zeros (0.5 mg) | |
| Trailing zeros (5.0 mg) | No trailing zeros (5 mg) | |
| MgSO4 | Magnesium sulfate | PHARMACY STAT LABEL OR <input type="checkbox"/> Check for STAT |
| MS, MSO4 | Morphine sulfate | |
| ALLERGIES: | | |
| | | Check if: <input type="checkbox"/> Patient is pregnant <input type="checkbox"/> Patient is lactating |

**STANDARD HEPARIN ORDERS
DIAGNOSIS SPECIFIC HEPARIN WEIGHT BASED DOSING PROTOCOL
For Patients Requiring Anticoagulation**

1. Obtain or Calculate the following and complete data:

a. Obtain patients Actual Height and Weight

b. Obtain Ideal Body Weight (IBW)*
(see reverse – male/female IBW tables)

c. Calculate Dosing Weight (DW)
DW = IBW + 0.3 [AW (kg) – IBW (kg)]

| | |
|---------------|---|
| Height | _____ inches |
| Actual Weight | _____ (kg) |
| Ideal Weight | _____ (kg) |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Dosing Weight | _____ (kg) |

*If actual weight is less than IBW, use actual weight to calculate heparin

2. Obtain BASELINE CBC, Platelets, PT/INR, then daily x 3 days; PT/INR daily, thereafter. Obtain rectal heme prior to heparin. Obtain baseline PTT, then according to protocol.

CHECK INDICATION, Enter dosing weight, Loading and Maintenance dose in box below

3. Heparin Dosing (* Use Dosing Weight to calculate Heparin Dose)

Dosing Weight: _____ (kg)

a. Loading Dose:
_____ units
(round to nearest 100 units)

b. Maintenance Dose:
_____ units/hr
(round to nearest 50 units)

c. Indication (must check column)

| Heparin dosing guidelines | | | | |
|---------------------------|--|---------------------------------|-------------------|-------------------------------|
| Check One (✓) | Indication | Load | Infusion | Maximum initial infusion Dose |
| | Unstable angina/ NSTEMI heparin alone | 60 units/ kg, 5000 Units MAX | 12 units/ kg / hr | 1,000 units/ hr |
| | Unstable angina/ NSTEMI with IIb/IIIa Inhibitor (Aggrastat/ Integrilin/ Reopro) | 60 units/ kg, 5000 Units MAX | 12 units/ kg/ hr | 1,000 units/ hr |
| | ST elevation MI With Thrombolytic | 60 units/ kg 4000 Units MAX | 12 units/ kg/ hr | 1,000 units/ hr |
| | Standard Protocol (e.g. DVT/PE Atrial fibrillation Acute arterial ischemia) | 80 units/ kg | 15 units/ kg/ hr | As calculated |

4. Nursing to adjust heparin according to dosing adjustment card to maintain PTT at therapeutic goal.

If a "tighter" therapeutic range is desired, Physician must order heparin IV separately at a fixed rate and monitor every 6 hours adjusting only when indicated by the physician.

a. Obtain PTT every 6 hours until 2 consecutive PTT's are therapeutic, then PTT daily

5. Notify physician:

- if PTT is greater than 112 seconds for more than 24 hours
- PTT remains less than 61 for more than 24 hours
- signs of bleeding

6. Warfarin (start day 1, if indicated)

PLEASE SCAN/FAX THIS FORM TO PHARMACY

Date/Time _____ / _____

Physician _____

Print Name _____ Beeper # _____