

STANDARD UNFRACTIONATED HEPARIN ORDERS

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ALLERGY HISTORY:

PATIENT HAS HISTORY OF ALLERGY, SENSITIVITY OR ADVERSE REACTION TO:	DESCRIPTION OF EVENT
<input type="checkbox"/> CHECK HERE IF PATIENT DENIES HISTORY OF ALLERGIES, SENSITIVITIES OR ADVERSE REACTIONS	

Please fill in all blanks and check appropriate boxes where indicated. Unchecked boxes indicate orders not to be completed.

STANDARD HEPARIN INFUSION is 25,000 units heparin in 250 ml D5W [100 units/ml]

- Orders must be renewed every 72 hours. Round all calculations to the nearest 100 units.
- Discontinue any orders for low molecular weight heparin (e.g. Enoxaparin, Dalteparin, etc.) or subcutaneous unfractionated heparin
- Discontinue heparin if significant bleeding events occur, such as suspected or confirmed hemorrhage, stroke or internal bleeding and NOTIFY PHYSICIAN IMMEDIATELY.

STANDARD LABORATORY MONITORING FOR ALL ORDERS

- Baseline labs: PTT, PT and CBC now.
- Daily labs: PTT every AM during therapy. Additional PTT 6 hours after each bolus dose and 6 hours after each dose adjustment.
- Platelet count every other day.

Patient Weight: Actual Estimated _____ lbs. ÷ 2.2 = _____ kg Patient Height: _____ feet _____ inches

DATE/ TIME	ORDERS: WRITE OR PRINT ALL ORDERS AND SIGNATURES LEGIBLY.		
	<input type="checkbox"/> PE, DVT, Atrial Fibrillation 1. Bolus Dose: Heparin 5000 units IV. PTT 6 hours after bolus; results STAT. 2. Maintenance Dose: 15 units/kg/hour = _____ units/hr 3. Adjust heparin infusion per sliding scale below.		
	<input type="checkbox"/> Acute MI or Acute Coronary Syndrome 1. Bolus Dose: Heparin IV 60 units/kg = _____ units (Not to exceed 4000 units). PTT 6 hours after bolus; results STAT 2. Maintenance Dose: <input type="checkbox"/> If patient greater than 70 kg: 1000 units/hour <input type="checkbox"/> If patient less than or equal to 70 kg: 12 units/kg/hour = _____ units/hr 3. Adjust infusion per sliding scale below		
	<input type="checkbox"/> Non-Protocol Orders (write orders here) 1. Bolus Dose: 2. Maintenance Dose: 3. Use sliding scale below? <input type="checkbox"/> YES <input type="checkbox"/> NO		
PTT	Adjustments	Repeat PTT	RN Use Only
Less than or equal to 36 sec	30 units/kg bolus = _____ units Increase drip by 3 units/kg/hr = _____ units/hr	6 hours	
37 - 60 sec	15 units/kg bolus = _____ units Increase drip by 2 units/kg/hr = _____ units/hr	6 hours	
61 - 102 sec	No Bolus. No Change in drip rate.	If 1 st PTT in this range, repeat PTT in 6 hrs. If 2 nd consecutive PTT in this range, order routine PTT every AM	
103 - 142 sec	Reduce drip by 2 units/kg/hr = _____ units/hr	6 hours	
Greater than or equal to 143 sec	Hold drip for 1 hour, then draw STAT PTT level. If STAT PTT level is less than 143 seconds, then resume drip at reduced rate by 4 units/kg/hr = _____ units/hr. Redraw a 2 nd PTT 6 hours after restarting infusion.		
	<input type="checkbox"/> Brain Infarction 1. Order Head CT (without contrast) to rule out bleed. Consult neurologist _____. 2. No Bolus dose. Maintenance Dose: Heparin IV 12 units/kg/hour = _____ units/hour 3. Titrate PTT to 61-81 sec. Less than 61 sec NO bolus and Increase infusion by 2 units/kg/hour = _____ units/hour every 6 hours. If PTT is greater than 81 sec, contact physician immediately. 4. DO NOT USE SLIDING SCALE.		

Physician's Signature/ Name _____ Date/Time _____ RN _____ Beeper _____
 Unit Secretary _____ Date/Time _____

PLEASE STAT FAX TO PHARMACY