

PHYSICIAN'S ORDERS

ADDRESSOGRAPH

**COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS
CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) HEPARIN PROTOCOL**

(Items with tick boxes must be selected to be ordered) Page 1 of 1

Date: _____ Time: _____

1. Patient weight: _____ kg.
2. No intramuscular injections.
3. If possible, avoid non-steroidal anti-inflammatory drugs (NSAIDs).
4. Laboratory: Baseline PTT, INR and CBC with platelet count; daily CBC while on heparin
5. Discontinue previous heparin and low molecular weight heparin orders
6. a) **INITIAL HEPARIN THERAPY (USE SYRINGE PUMP)**
Heparin IV bolus and initial infusion (use 10,000 Heparin units/ 20 mL NS = 500 units/mL) as below:

Patient Wt (Kg)	Heparin IV Bolus (units)	Initial Infusion
<input type="checkbox"/> less than or equal to 50	400	250 units/hour = 0.5 mL/H
<input type="checkbox"/> 51 to 60	500	350 units/hour = 0.7 mL/H
<input type="checkbox"/> 61 to 70	600	400 units/hour = 0.8 mL/H
<input type="checkbox"/> 71 to 90	700	500 units/hour = 1 mL/H
<input type="checkbox"/> 91 to 105	800	650 units/hour = 1.3 mL/H
<input type="checkbox"/> greater than 105	900	750 units/hour = 1.5 mL/hour

b) **PTT-ADJUSTED HEPARIN THERAPY**

‡PTT in 6 hours, then adjust heparin infusion and repeat PTT per sliding scale below:

*****CALL PHYSICIAN IF 3 CONSECUTIVE PTTs < 38 SEC OR > 80 SEC*****

PTT (sec)	HEPARIN BOLUS DOSE IV	STOP HEPARIN INFUSION	RATE CHANGE (500 units/mL)	REPEAT PTT
< 38	10 units/kg	0	+0.2 mL/hour (increase by 100 units/hour)	6 hours
38 to 49.9 (DESIRED RANGE)	0	0	0 (no change)	24 hours
50 to 59.9	0	0	-0.2 mL/hour (decrease by 100 units/hour)	6 hours
60 to 80	0	30 min	-0.4 mL/hour (decrease by 200 units/hour)	6 hours
> 80	0	60 min	-0.4 mL/hour (decrease by 200 units/hour)	6 hours

7. **Capping the dialysis catheter:**

- Fill lumens to the volume of the catheter lumen with heparin 1,000 units/mL (contraindicated if HIT suspected/proven)

CRRT HEPARIN PROTOCOL

Physician Signature
CRRT HEPARIN

Printed Name/PIC
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