

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

LOWER TARGET HEPARIN PROTOCOL: CCU, NEUROSCIENCES, SURGERY
(no active DVT, PE, Peripheral Arterial Thrombosis)

(items with check boxes must be selected to be ordered)

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Date: _____ Time: _____

Patient weight: _____ kg

LABORATORY

Baseline PTT, INR and CBC with platelet count
CBC with platelet count on day 1 then Q2 DAYS while on heparin

MEDICATIONS:

Discontinue previous heparin and low molecular weight heparin orders
No intramuscular injections.
If possible, avoid non-steroidal anti-inflammatory drugs (NSAIDs).

INITIAL HEPARIN THERAPY (initial bolus dose and infusion rate)

Heparin bolus 70 units/kg: _____ units (maximum 5000 units round to nearest 500 units)

OR

OMIT initial heparin bolus (for patients at high risk of bleed, such as post-op patients without active venous thromboembolic disease)

Select initial infusion rate as per scheme outlined below
(using 25,000 units heparin in 500 mL of IV fluid = 50 units/mL):

Patient Wt (Kg)	Initial Infusion	
<input type="checkbox"/> less than or equal to 50	650 units/hour	= 13 mL/hour
<input type="checkbox"/> 51 to 60	750 units/hour	= 15 mL/hour
<input type="checkbox"/> 61 to 70	850 units/hour	= 17 mL/hour
<input type="checkbox"/> greater than 70	1000 units/hour	= 20 mL/hour

PTT ADJUSTED HEPARIN THERAPY – Measure PTT 6 hours after starting heparin, then:

- Give bolus dose if indicated (ie. PTT less than 45), adjust infusion rate and repeat PTT based on sliding scale below

OR

- OMIT all subsequent bolus doses. Adjust heparin infusion rate only and repeat PTT based on sliding scale below

CALL PHYSICIAN IF 3 CONSECUTIVE PTTs less than 45 SEC OR greater than 110 SEC

PTT (sec)	BOLUS DOSE IV	STOP INFUSION	RATE CHANGE (50 units/mL)	REPEAT PTT
Less than 45	5000	0	+3 mL/hour (increase by 150 units/hour)	6 hours
45 to 49	0	0	+2 mL/hour (increase by 100 units/hour)	6 hours
50 to 85 (Therapeutic)	0	0	0 (no change)	Next day
86 to 94	0	0	-1 mL/hour (decrease by 50 units/hour)	6 hours
95 to 110	0	30 MIN	-2 mL/hour (decrease by 100 units/hour)	6 hours
Greater than 110	0	60 MIN	-4 mL/hour (decrease by 200 units/hour)	6 hours

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Prescriber's Signature
CCUHP

Printed Name
Rev. Jul-08

College ID