

<p>PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)</p> <p>Weight Based Heparin Infusion Protocol Order</p> <p>DATE _____ TIME _____</p> <p><i>Indication for Anticoagulation Therapy:</i></p> <p><input type="checkbox"/> CVA <input type="checkbox"/> TIA <input type="checkbox"/> AMI <input type="checkbox"/> ACS <input type="checkbox"/> DVT <input type="checkbox"/> PE <input type="checkbox"/> post CABG <input type="checkbox"/> Other: _____</p> <p>Patient's Actual Body Weight: _____ kg</p> <p>HEPARIN INFUSION THERAPY</p> <p><i>Baseline Labs PRIOR TO HEPARIN ADMINISTRATION:</i></p> <p><input type="checkbox"/> aPTT – Result _____ <input type="checkbox"/> PT – Result _____ <input type="checkbox"/> INR – Result _____ <input type="checkbox"/> CBC, OR <input type="checkbox"/> Hgb – Result _____ <input type="checkbox"/> Hct – Result _____ <input type="checkbox"/> Platelet – Result _____</p> <p><input type="checkbox"/> CT Scan Head rule out CNS Bleed for CVA or TIA – Result _____ <input type="checkbox"/> aPTT 6 hours after initiation if bolus administered <input type="checkbox"/> aPTT 4 hours after initiation if no bolus administered <input type="checkbox"/> Follow Heparin protocol for subsequent aPTT order time <input type="checkbox"/> Hemoglobin, Hematocrit, & Platelet every other day <input type="checkbox"/> Hemoglobin, Hematocrit, & Platelet daily (for acute coronary syndrome and post-CABG) <input type="checkbox"/> Daily INR (for warfarin therapy) <input type="checkbox"/> No IM Injections <input type="checkbox"/> Assess patient's bleeding risk & thrombosis risk daily <input type="checkbox"/> Review Drug – Drug Interaction Daily (e.g., NSAIDs, COX-2 inhibitors, etc.) <input type="checkbox"/> Dietary Teaching: Food and Drug Interaction - Warfarin</p>	<p>INTRAVENOUS FLUID and MEDICATION ORDERS</p> <p>ALLERGY:</p> <p>HEPARIN INFUSION THERAPY: Initiate after all diagnostic tests are negative</p> <p>Loading Dose of Heparin (round to the nearest 500 units)</p> <p>Time Administered: _____</p> <p><input type="checkbox"/> For DVT/PE: 80 units/kg = _____ units IVP (maximum dose 10,000 units) <input type="checkbox"/> For ACS/MI: 60 units/kg = _____ units IVP (maximum dose 5,000 units)</p> <p><input type="checkbox"/> _____ units/kg = _____ units IVP <input type="checkbox"/> No Bolus needed</p> <ul style="list-style-type: none"> • No loading dose for patients with CVA or TIA • No loading dose for patients on warfarin prior to admission and have a baseline INR \geq 1.4 <p><input type="checkbox"/> Premix Heparin Solution 12,500 units in 250ml D5W, or 25,000 units in 500ml D5W <input type="checkbox"/> Premix Heparin Solution 12,500 units in 1/2 NS, or 25,000 units in 500ml 1/2 NS (for diabetics)</p> <p>Initial Heparin Maintenance Infusion:</p> <p>Time Initiated: _____</p> <p><input type="checkbox"/> For DVT/PE: 15 units/kg/hr = _____ units/hr (maximum dose 1,500 units/hr) <input type="checkbox"/> For ACS/MI: 12 units/kg/hr = _____ units/hr (maximum dose 1,000 units/hr) <input type="checkbox"/> _____ units/kg = _____ units/hr</p> <p>MD Initial _____</p> <p>Continued on next page. >>>>>>></p>
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IVF and MEDICATION ORDERS ONLY

- ✓ Summary/Blanket orders are unacceptable.
- ✓ Medication orders must be complete.
- ✓ PRN medication orders must include an indication.
- ✓ Write legibly.
- ✓ Rewrite orders upon transfer and/or post-operatively.
- ✓ Date, time, and sign verbal & telephone orders within 48 hours.

- DO NOT USE:**
- U MS
 - IU MSO₄
 - Q.D. MgSO₄
 - Q.O.D. Trailing zero
 - Lack of leading zero

PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)		INTRAVENOUS FLUID and MEDICATION ORDERS
<div style="display: flex; justify-content: space-between;"> IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY </div>		<p>ALLERGY:</p> <p><input type="checkbox"/> Adjust Heparin Infusion Rate based on Protocol, use Weight-Based Heparin Infusion / Warfarin Monitoring Worksheet</p> <p><input type="checkbox"/> Aspirin _____ mg daily (not to exceed 162mg/day)</p> <p><input type="checkbox"/> Warfarin _____ mg daily</p> <p><i>Preoperative Management of Heparin Therapy</i></p> <p><input type="checkbox"/> Discontinue IV Heparin 6 hours before surgery</p> <p>Surgery Date: _____ Time: _____</p> <p>MD Signature _____</p>

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