Weight Based Heparin Infusion Protocol Order

DATE ________________ TIME ______________

Indication for Anticoagulation Therapy:
☐ CVA  ☐ TIA  ☐ AMI
☐ ACS  ☐ DVT  ☐ PE
☐ post CABG
☐ Other: ________________________

Patient’s Actual Body Weight: ________ kg

HEPARIN INFUSION THERAPY

Baseline Labs PRIOR TO HEPARIN ADMINISTRATION:
☐ aPTT – Result __________
☐ PT – Result __________
☐ INR – Result __________
☐ CBC, OR
  ☐ Hgb – Result __________
  ☐ Hct – Result __________
  ☐ Platelet – Result __________
☐ CT Scan Head rule out CNS Bleed for CVA or TIA – Result __________
☐ aPTT 6 hours after initiation if bolus administered
☐ aPTT 4 hours after initiation if no bolus administered
☐ Follow Heparin protocol for subsequent aPTT order time
☐ Hemoglobin, Hematocrit, & Platelet every other day
☐ Hemoglobin, Hematocrit, & Platelet daily (for acute coronary syndrome and post-CABG)
☐ Daily INR (for warfarin therapy)
☐ No IM Injections
☐ Assess patient’s bleeding risk & thrombosis risk daily
☐ Review Drug – Drug Interaction Daily (e.g., NSAIDs, COX-2 inhibitors, etc.)
☐ Dietary Teaching: Food and Drug Interaction - Warfarin

Loading Dose of Heparin (round to the nearest 500 units)

Time Administered: __________

☐ For DVT/PE: 80 units/kg = __________ units IVP
  (maximum dose 10,000 units)
☐ For ACS/MI: 60 units/kg = __________ units IVP
  (maximum dose 5,000 units)
☐ __________ units/kg = __________ units IVP
☐ No Bolus needed
  • No loading dose for patients with CVA or TIA
  • No loading dose for patients on warfarin prior to admission and have a baseline INR ≥ 1.4

☐ Premix Heparin Solution 12,500 units in 250ml D5W, or 25,000 units in 500ml D5W
☐ Premix Heparin Solution 12,500 units in ½ NS, or 25,000 units in 500ml ½ NS (for diabetics)

Initial Heparin Maintenance Infusion:

Time Initiated: __________

☐ For DVT/PE: 15 units/kg/hr = __________ units/hr
  (maximum dose 1,500 units/hr)
☐ For ACS/MI: 12 units/kg/hr = __________ units/hr
  (maximum dose 1,000 units/hr)
☐ __________ units/kg = __________ units/hr

MD Initial ________________

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**Physician's Order**
(Excluding IV Fluids and Medications)

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**Intravenous Fluid and Medication Orders**

**Allergy:**

- Adjust Heparin Infusion Rate based on Protocol, use Weight-Based Heparin Infusion / Warfarin Monitoring Worksheet
- Aspirin _______ mg daily (not to exceed 162mg/day)
- Warfarin _______ mg daily

**Preoperative Management of Heparin Therapy**
- Discontinue IV Heparin 6 hours before surgery

  Surgery Date: ________________     Time: ________

**MD Signature** _________________________

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**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

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