

PHYSICIAN'S ORDER

Physicians **MUST** indicate the Heparin Drip Intensity and indication.

NO Heparin IV Re-Bolus (high bleed risk patients)

Standard Intensity: For ACS, PCI
aPTT Goal 46 – 70

aPTT Level (Seconds)	IV Re-Bolus Dose	Stop Infusion	IV Rate Change	Repeat aPTT Level
< 25 – 35	60 units/kg (Max: 5,000)	NO	↑ 4 units/kg/hr	6 hrs
36 – 45	30 units/kg (Max: 5,000)	NO	↑ 2 units/kg/hr	6 hrs
46 – 70	0	NO	NO CHANGE	2 consecutive Therapeutic aPTT q6h, then Daily
71 – 90	0	NO	↓ 2 units/kg/hr	6 hrs
91 – 130	0	1 hour	↓ 3 units/kg/hr	6 hrs
131 – 160	0	1 hour	↓ 3 units/kg/hr	6 hrs
> 160	0	Stop Infusion and Call MD	Check aPTT q2h until < 100. When aPTT < 100, ↓ 4 units/kg/hr from previous rate, then check aPTT in 6 hrs	

Note: Goal aPTT 46 – 70 seconds. Round infusion to the nearest 10 units/hr

- Heparin IV Re-bolus has a **Max: 5,000 units.**
- Use Actual Body Weight
- Round up aPTT results
- **Initial 24hrs aPTT check: aPTT q6hrs x 24 hrs** (includes initial aPTT)
- **Obtain 2 consecutive therapeutic aPTT q6hrs, then check daily in AM** (includes last 2 aPTT levels in initial 24hrs aPTT check)
- Physicians may change heparin drip titration parameters as needed

High Intensity : For DVT, PE, Cardiac Thrombus
aPTT Goal 60 – 90

aPTT Level (Seconds)	IV Re-Bolus Dose	Stop Infusion	IV Rate Change	Repeat aPTT Level
< 25 – 35	80 units/kg (Max: 5,000)	NO	↑ 4 units/kg/hr	6 hrs
36 – 45	40 units/kg (Max: 5,000)	NO	↑ 2 units/kg/hr	6 hrs
46 – 59	0	NO	↑ 1 units/kg/hr	6 hrs
60 – 90	0	NO	NO CHANGE	2 consecutive Therapeutic aPTT q6h, then Daily
91 – 130	0	1 hour	↓ 2 units/kg/hr	6 hrs
131 – 160	0	1 hour	↓ 3 units/kg/hr	6 hrs
> 160	0	Stop Infusion and Call MD	Check aPTT q2h until <100. When aPTT < 100, ↓ 4 units/kg/hr from previous rate, then check aPTT in 6 hrs	

Note: Goal aPTT 60 – 90 seconds. Round infusion to the nearest 10 units/hr

- Heparin IV Re-bolus has a **Max: 5,000 units.**
- Use Actual Body Weight
- Round up aPTT results
- **Initial 24hrs aPTT check: aPTT q6hrs x 24 hrs** (includes initial aPTT)
- **Obtain 2 consecutive therapeutic aPTT q6hrs, then check daily in AM** (includes last 2 aPTT levels in initial 24hrs aPTT check)
- Physicians may change heparin drip titration parameters as needed

Peri-operative Management of Heparin Therapy

- Discontinue IV Heparin 6 hours before surgery
Surgery Date: _____ Time: _____
- Restart IV Heparin _____ hours after surgery if the patient is hemodynamically stable. Use the most recent infusion rate (without bolus) and obtain aPTT 6 hrs later, then follow heparin drip titration protocol

MD Signature _____

Additional Orders:

- Adjust Heparin Infusion Rate based on Selected Titration Protocol [Standard (Low) or High Intensity]
- Use Heparin Infusion Monitoring Flowsheet
- Refer to Protamine - Heparin Reversal in GMHA Policy 1309j or Call Pharmacy for Recommendation
- Aspirin _____ mg daily (Not to exceed 162mg/day)
- Warfarin _____ mg daily; Pharmacy Warfarin Consult

MD Signature _____

- 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

PATIENT ID LABEL

Physician's Order Form Weight Based Heparin Infusion Protocol Order

Guam Memorial Hospital Authority