ITEMS WITH BOXES/PARENTHESIS MUST BE CHECKED TO BE ORDERED. Orders that have been changed (additions, deletions, or strike outs) must be initialed by the ordering MD for the order to be valid PHYSICIAN'S ORDER INTRAVENOUS FLUID and MEDICATION ORDERS (EXCLUDING IV Fluids and MEDICATIONS) Weight Based Heparin Infusion Protocol Order **ALLERGY (Describe allergic reaction):** \square NKDA \square Other: DATE: TIME: **HEPARIN INFUSION THERAPY:** Indication for Anticoagulation Therapy □ AMI □ ACS □ Post-CABG □ DVT □ PE INITIAL BOLUS Heparin (round to the nearest 100 units) □ Other: _____ □ **DVT/PE**: 80 units/kg = _____ IV bolus (Maximum dose: 10,000 units) Actual Body Weight: _____kg □ ACS/MI: 60 units/kg = _____ IV bolus (Maximum dose: 5,000 units) **HEPARIN INFUSION THERAPY:** \Box **Other**: units/kg = IV bolus Baseline Labs: BEFORE Heparin Administration ✓ **STAT Baseline** Coagulation and CBC lab tests □ NO INITIAL HEPARIN BOLUS required (aPTT, PT, INR, CBC) Additional Labs: AFTER Heparin Administration * Time Administered: ✓ **If Initial Bolus given:** Obtain initial aPTT in 6 hrs INITIAL Heparin Maintenance Infusion ✓ **If NO Initial Bolus:** Obtain initial aPTT in 4 hrs ✓ Initial 24hrs aPTT check: aPTT q6hrs x 24 hrs □ Standard Intensity Protocol – Goal aPTT 46 – 70 (includes initial aPTT) **ACS/MI**: 12 units/kg/hr = ____ units/hr IVF and MEDICATION ORDERS ONLY ✓ Follow Heparin protocol for subsequent aPTT orders (*Maximum rate*: 1,000 units/hr) ✓ Obtain 2 consecutive therapeutic aPTT q6hrs, then check daily in AM (includes last 2 aPTT levels in ☐ High Intensity Protocol – Goal aPTT 60 – 90 **DVT/PE**: 15 units/kg/hr = ____ units/hr initial 24hrs aPTT check) □ Other aPTT instructions: ___ (Maximum rate: 1,500 units/hr) ☐ Hgb/Hct/Platelet daily (for ACS/Post-CABG) \Box **Other:** units/kg = units/hr ☐ Hgb/Hct/Platelet every other day Indication: **Additional Orders:** Please indicate Heparin Intensity on next page ✓ Discontinue all other subcutaneous heparin, low molecular weight heparin (ex: enoxaparin), or other ☐ Fixed Rate: _____ units/hr; Goal aPTT: _____ Indication: anticoagulant (ex: fondaparinux) prior to initiation of heparin infusion; If already given, notify physician * Time Initiated: ✓ No IM injections ✓ Assess bleeding risk and thrombosis risk daily ☐ Pre-mix Heparin Solution: D5W or ½ NS ✓ Review Drug-Drug Interaction Daily (Ex: NSAIDs, □ 12,500 units in 250mL (Conc.: 50 units/mL) COX-2 inhibitors, etc.) □ 25,000 units in 500mL (Conc.: 50 units/mL) ✓ Daily INR (for warfarin during initial bridging) * ½ NS preferred for Diabetic patients ✓ Dietary Teaching: Food-Drug Interaction (warfarin) MD Initial □ Nephrologist consult - patient with CKD 5 or ESRD Continued on next nage. >>>>>>>>>>>>>>> ATIENT ID LABEL

			Continued of	n next page.
✓	Summary/Blanket orders are unacceptable.	DO NOT	USE:	PA
✓	Medication orders must be complete.	U	MS	
✓	PRN medication orders must include an indication.	IU	MSO_4	
✓	Write legibly.	Q.D.	$MgSO_4$	
✓	Rewrite orders upon transfer and/or post-operatively.	Q.O.D.	Trailing zero	
✓	Date, time, and sign verbal & telephone orders within 48 hours.	Lack of lea	ading zero	

Physician's Order Form

Weight Based Heparin Infusion Protocol Order

Guam Memorial Hospital Authority

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PHYSICIAN'S ORDER

Physicians MUST indicate the Heparin Drip Intensity and indication.

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

□ Standard Intensity:

aPTT Goal 46 - 70

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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	When aPTT ↓ 4 units/kg/hr fr	aPTT q2h until < 100. hen aPTT < 100, s/kg/hr from previous n 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

Peri-operative Management of Heparin Therapy

For ACS, PCI | High Intensity: For DVT, PE, Cardiac Thrombus aPTT Goal 60 - 90

ar 1 1 Goal ou - 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 q2l When aPTT ↓ 4 units/kg/hr fi rate, then check a	Γ < 100, rom previous

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

Additional Orders:

- 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

☐ Discontinue IV Heparin 6 hours before surgery	✓ Adjust Heparin Infusion Rate based on Selected
Surgery Date: Time:	Titration Protocol [Standard (Low) or High Intensity]
☐ Restart IV Heparinhours after surgery if the	✓ Use Heparin Infusion Monitoring Flowsheet
patient is hemodynamically stable. Use the most recent	✓ Refer to Protamine - Heparin Reversal in GMHA
infusion rate (without bolus) and obtain aPTT	Policy 1309j or Call Pharmacy for Recommendation
6 hrs later, then follow heparin drip titration protocol	☐ Aspirinmg daily (Not to exceed 162mg/day)
	☐ Warfarin mg daily; Pharmacy Warfarin Consult
MD Signature	
	MD Signature

Surgery Date:	Time:	Titration Pro	otocol [Standard (Low) or High Intensity]
□ Restart IV Heparin _	hours after surgery if the	✓ Use Heparir	n Infusion Monitoring Flowsheet
patient is hemodynan	nically stable. Use the most recent	✓ Refer to Pro	tamine - Heparin Reversal in GMHA
infusion rate (without	bolus) and obtain aPTT	Policy 1309	j or Call Pharmacy for Recommendation
6 hrs later, then follow	w heparin drip titration protocol	□ Aspirin	_mg daily (Not to exceed 162mg/day)
		□ Warfarin	mg daily; Pharmacy Warfarin Consult
MD Signature	····		
		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	MSO_4	
Q.D.	$MgSO_4$	
Q.O.D.	Trailing zero	
Lack of leading zero		

PATIENT ID LABEL

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