COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

HARBOR-UCLA MEDICAL CENTER

HEPARIN CONTINUOUS INFUSION PROTOCOL (ADULT)
PHYSICIAN ORDER FORM

Exclusion Criteria: Do not initiate protocol if one of the following criteria is present	Yes	No
1. **Candidate for Low Molecular Weight Heparin (LMWH) per guidelines**	❑	❑
2. **Active bleeding**	❑	❑
3. **Thrombocytopenia with a positive test of antiplatelet antibody**	❑	❑
4. **History of heparin induced thrombocytopenia (HIT)**	❑	❑
5. **Hypersensitivity to heparin or pork/beef products**	❑	❑

☑ Discontinue previous subcutaneous heparin, dalteparin, enoxaparin or fondaparinux orders
☑ Start heparin drip immediately after baseline aPTT drawn

Heparin Dosage:

❑ **New Order** ❑ **Continued Order**

Indications: Must have one of the following	*Recommended INITIAL Dosage*
❑ **Unstable angina and non-ST elevation MI** ❑ **Bridging for A.Fib/A.Flutter** ❑ **Valve replacement** ❑ **ST elevation MI with t-PA** ❑ **Intra-Aortic Balloon Pump**	**Bolus Dose:** 60 units/kg ***I.V. bolus*** (maximum dose **5000** units bolus) = 60 units/kg x _____kg = _____units **IV Drip:** 12 units/kg/hour continuous infusion (not to exceed **1000** units/hour) = 12 units/kg/hour x _____ kg = _____units/hour
❑ **Deep Vein Thrombosis (DVT)** ❑ **Pulmonary Embolism (PE)** ❑ **Bridging for DVT/PE** ❑ **Arterial Occlusion**	**Bolus Dose:** 80 units/kg ***I.V. Bolus*** (maximum dose **10,000** units bolus) = 80 units/kg x _____kg = _____units **IV Drip:** 18 units/kg/hour continuous infusion (not to exceed **2000** units/hour) = 18 units/kg/hour x _____ kg = _____units/hour

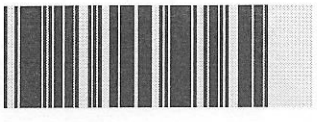
Heparin concentration: 50 units /mL

Laboratory Monitoring: (Process all aPTT as STAT labs)

☑ Baseline aPTT (prior to heparin infusion)
☑ aPTT 6 hours after initiation of infusion and every 6 hours after infusion rate change until 2 consecutive therapeutic aPTT achieved
☑ Daily CBC and aPTT once 2 consecutive therapeutic aPTT achieved

aPTT Result (seconds)	ACTION	Next aPTT (STAT)
< 58	IV rebolus 60 units/kg X ____ kg = _____ units (maximum dose 4000 units) and increase infusion rate by 250 units/hour (5 mL/hours) *Note: For rebolus dose use 5,000 units single dose heparin vial (Nurse to call Pharmacy when needed)*	6 hours (post rate change)
58 – 74.9	Increase infusion rate by 100 units/hour (2 mL/hour)	6 hours (post rate change)
75 - 100 (Goal)	No change	Daily (Morning Lab)
100.1 – 116	Decrease infusion rate by 100 units/hours (2 mL/hour)	6 hours after restarting infusion at lower rate
116.1-124	Stop infusion for 1 hour then restart infusion and decrease infusion rate by 100 units/hour (2 mL/hour)	6 hours after restarting infusion at lower rate
124.1-141	Stop infusion for 1 hour then restart infusion and decrease infusion rate by 250 units/hour (5 mL/hour)	6 hours after restarting infusion at lower rate
> 141	Stop infusion for 2 hour then restart infusion and decrease infusion rate by 250 units/hour (5 mL/hour)	6 hours after restarting infusion at lower rate

Provider Printed Last Name:			
Provider Signature		**ID:**	
Date:	**Time:**	:	
RN Last Name:			
RN Signature:			
Date:	**Time:**	:	
Clerk/LVN Signature:			
Date:	**Time:**	:	



FILE IN MEDICAL RECORD

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PHYSICIAN ORDER FORM
Form # P028