

HEPARIN IV INFUSION FLOWSHEET
*****HIGH ALERT MEDICATION*****

- Acute Coronary Syndrome** CLI.4510.SG.006.SD.02
- Venous Thromboembolism** CLI.6010.SG.004.FORM.01

		Heparin 25000 Units/250 mL D5W pre-mixed bag (100 Units/mL)			SIGNATURE ***independent double check required***
DATE/TIME MM/DD/YY 24 hour	aPTT (sec)	Indicate one of the following: Start/Stop/Hold/ Change rate	Maintenance Infusion Dose (units/hour)	IV Infusion Rate (mL/hour)	
	Next aPTT due				

- aPTT (activated partial thromboplastin time) 6 hours after initial loading dose, 6 hours after any change in infusion rate, daily once therapeutic level has been reached