

HEPARIN INFUSION STANDARD ORDERS – ACUTE CORONARY SYNDROME (limited to Regional Centres)

These orders are to be used as a guideline and do not replace sound clinical judgment and professional standards.
 Patient allergies and contraindications must be considered when completing the orders.
 Automatically activated (if not in agreement cross out and initial Activated by checking the box

Drug Allergies: No Yes : _____

MEDICATION ORDERS	Time	Initial	GENERAL ORDERS																																														
<p>Date: _____ Time: _____</p> <p>Weight: _____ kg</p> <p>Initial Heparin Therapy: (See dosing table in General Orders)</p> <p><input checked="" type="checkbox"/> IV Load Heparin _____ units (usual dose 60 unit/kg to a maximum of 4000 units) IV Push</p> <p>*Do not give IV loading dose of heparin if full dose enoxaparin has been given in the past 12hrs.</p> <p><input checked="" type="checkbox"/> Initial IV Infusion Heparin _____ units/hour (usual 12 unit/kg/hr to a maximum initial rate of 1000 units/hr)</p> <p>*Do not give IV infusion of heparin if full dose enoxaparin has been given within the past 6hrs. Consult pharmacy.</p> <p>Maintenance Heparin Therapy</p> <p><input checked="" type="checkbox"/> Adjust heparin infusion rate to keep aPTT between 49 - 65 seconds according to the following intravenous Heparin Dose Adjustment Scale</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>aPTT (seconds)</th> <th>Heparin Dose Adjustment</th> </tr> </thead> <tbody> <tr> <td>Less than 38</td> <td>↑ infusion by 200 units/hour</td> </tr> <tr> <td>38 - 48</td> <td>↑ infusion by 100 units/hour</td> </tr> <tr> <td>49 - 65</td> <td>Continue current infusion</td> </tr> <tr> <td>66 - 82</td> <td>↓ infusion by 100 units/hour</td> </tr> <tr> <td>83 - 105</td> <td>Hold for 30 minutes, then ↓ infusion by 200 units/hour</td> </tr> <tr> <td>Greater than 105</td> <td>Hold for 60 minutes, then ↓ infusion by 300 units/hour</td> </tr> </tbody> </table>	aPTT (seconds)	Heparin Dose Adjustment	Less than 38	↑ infusion by 200 units/hour	38 - 48	↑ infusion by 100 units/hour	49 - 65	Continue current infusion	66 - 82	↓ infusion by 100 units/hour	83 - 105	Hold for 30 minutes, then ↓ infusion by 200 units/hour	Greater than 105	Hold for 60 minutes, then ↓ infusion by 300 units/hour	<p>1.</p> <p>2.</p> <p>1.</p> <p>2.</p>	<p>Pre-Bolus/Infusion - Initial Monitoring:</p> <p><input checked="" type="checkbox"/> INR, aPTT, CBC</p> <p>Maintenance Infusion - Ongoing Monitoring:</p> <p><input checked="" type="checkbox"/> aPTT 6 hours after initial loading dose</p> <p><input checked="" type="checkbox"/> aPTT 6 hours after any change in infusion rate</p> <p><input checked="" type="checkbox"/> aPTT daily once therapeutic level has been reached</p> <p><input checked="" type="checkbox"/> CBC daily x 3 days while on heparin infusion, then reassess</p> <p><input checked="" type="checkbox"/> If serious bleeding occurs, stop infusion, stat CBC, aPTT, consult prescriber</p> <p>Notify physician to reassess heparin orders if aPTT not within therapeutic range after 2 consecutive titrations (approx 12hrs)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Body Weight (kg)</th> <th>Initial Loading Dose (units)</th> <th>Initial Infusion (units/hour)</th> </tr> </thead> <tbody> <tr><td>40</td><td>2400</td><td>500</td></tr> <tr><td>45</td><td>2700</td><td>550</td></tr> <tr><td>50</td><td>3000</td><td>600</td></tr> <tr><td>55</td><td>3300</td><td>650</td></tr> <tr><td>60</td><td>3600</td><td>700</td></tr> <tr><td>65</td><td>3900</td><td>800</td></tr> <tr><td>70</td><td>4000</td><td>850</td></tr> <tr><td>75</td><td>4000</td><td>900</td></tr> <tr><td>80</td><td>4000</td><td>950</td></tr> <tr><td>Greater than or equal to 85</td><td>4000</td><td>1000</td></tr> </tbody> </table>	Body Weight (kg)	Initial Loading Dose (units)	Initial Infusion (units/hour)	40	2400	500	45	2700	550	50	3000	600	55	3300	650	60	3600	700	65	3900	800	70	4000	850	75	4000	900	80	4000	950	Greater than or equal to 85	4000	1000
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Prescriber Signature: _____ Copy Faxed or Sent to Pharmacy

Printed Name: _____ Date: _____ Time: _____ Initials: _____