Heparin Infusion Standard Orders: Venous Thromboembolism (DVT/PE)

limited to sites with 24/7 lab access

NOTE: Heparin continuous infusion may be initiated with the direction of a prescriber before the patient is transferred to a site that can measure aPTT

These orders are to be used as a guideline and do not replace sound clinical judgement and professional practice standards. Patient allergy and contraindications must be considered when completing these orders.

■ Automatically activated (If not in agreement with an order cross out and initial). ☐ Requires a check (√) for activation

Allergies: ☐ **Unknown** ☐ **No** ☐ **Yes (describe)**_____

Height (cm): _____**Weight (kg):**_____

MEDICATION ORDERS

Initial Heparin (1000 units/mL) Loading Dose (IV bolus):
(see dosing table in General Orders)

☐ No Load OR

☐ Heparin _____units IV Bolus (usual dose 80 units/kg to a maximum of 9600 units)

Initial Heparin (25000 units/250 mL D5W premixed bag 100 units/mL) IV infusion:

■ Heparin _____units/hour (usual 18 units/kg/hour to a maximum initial rate of 2150 units/hour)

Maintenance Heparin (25000 units/250 mL D5W premixed bag = 100 units/mL) Therapy:

■ Adjust Heparin infusion rate to keep aPTT between 59 – 99 seconds according to the following intravenous Heparin Dose Adjustment Scale

aPTT (seconds)	Heparin Dose Adjustment
Less than 40	½ initial loading dose, then increase infusion by 200 units/hour
40 -58	increase infusion by 100 units/hour
59 - 99	Continue current infusion
100 - 124	decrease infusion by 100 units/hour
125 – 149.9	Hold for 30 minutes, then decrease infusion by 200 units/hour
Greater than or equal to 150	Hold for 60 minutes, then decrease infusion by 200 units/hour

Document titrations on Heparin Infusion Flowsheet CLI.6010.SG.004.FORM.03

GENERAL ORDERS

Preload / Infusion – Initial Monitoring:

■ INR, aPTT, CBC

Maintenance infusion – Ongoing Monitoring:

■ aPTT 6 hours after initial loading dose

■ aPTT 6 hours after any change in infusion rate

■ aPTT daily once therapeutic level has been reached

☐ CBC daily x 3 days then every other day OR

☐ CBC specify frequency _____(usually daily)

■ If serious bleeding occurs, stop infusion, stat CBC, aPTT, consult prescriber

Notify prescriber to reassess heparin orders if aPTT not within therapeutic range after 2 consecutive titrations (approx 12 hrs)

* Do not give IV loading dose of heparin if full dose enoxaparin has been given in the past 12 hrs.

**Do not give IV infusion of heparin if full dose enoxaparin has been given within the past 6 hours. Consult pharmacy.

Body Weight (kg)	Initial Loading Dose (units)*	Initial Infusion (units/hour)**
40 - 44	3200	700
45 - 49	3600	800
50 - 54	4000	900
55 - 59	4400	1000
60 - 64	4800	1100
65 - 69	5200	1150
70 - 74	5600	1250
75 - 79	6000	1350
80 - 84	6400	1450
85 - 89	6800	1550
90 - 94	7200	1600
95 - 99	7600	1700
100 - 104	8000	1800
105 - 109	8400	1900
110 - 114	8800	2000
115 - 119	9200	2100
120+	9600	2150

PRESCRIBER'S SIGNATURE: _____ PRINTED NAME: _____Date _____ Time _____

Order Transcribed
Date: _____ Time: _____ Init _____

FAX/SCAN TO PHARMACY
Date: _____ Time: _____ Init _____