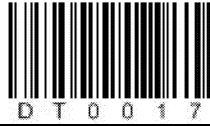




THE UNIVERSITY OF KANSAS HOSPITAL

3901 Rainbow Boulevard
Kansas City, Kansas 66160

Do not write in this box



PATIENT LABEL

PHYSICIAN'S ORDER FORM

ORDERS
ARGATROBAN ORDER FORM FOR HIT

Legend: • Bullets indicate orders will be done. Draw one line through any orders that are not needed.
□ Boxes are optional and must be checked to be considered an order.

Reference: Verme-Gibboney CN, Hursting MJ. Argatroban dosing in patients with heparin-induced thrombocytopenia. Ann Pharmacother 2003;37:970-975

Allergies:
 Patient is suspected to have Heparin Induced Thrombocytopenia (HIT)
 Patient has laboratory-confirmed HIT or history of laboratory-confirmed HIT
 Patient has no major bleed

Nursing Orders:
 • Record all lab values and infusion rate changes on "Anticoagulation Flow Sheet"
 • Avoid IM injections while on argatroban
 • NO heparin flushes, heparin-coated devices, or low molecular weight heparins (e.g. enoxaparin, dalteparin)

Notify Physician if:
 • Notify physician for signs of bleeding or two consecutive aPTTs outside of goal range

Laboratory:
 Check PT and INR (patient on concomitant warfarin therapy)
 • Check aPTT and CBC daily

Medications:
Initial Dose:
 Patient does not have hepatic dysfunction:
 Initiate argatroban infusion at **2 mcg/kg/min**
 Patient has moderate hepatic dysfunction: (Childs-Pugh Class B, see pg. 2, consider lepirudin)
 Initiate argatroban infusion at **0.5mcg/kg/min**
 Patient has severe hepatic dysfunction (Childs-Pugh Class C, see pg. 2, lepirudin preferred)
Target aPTT range:
 Baseline aPTT _____ seconds Actual Body Weight = _____ kg (Max dosing weight is 140kg)
 Goal aPTT range _____ to _____ seconds
 (1.5-3 x baseline, not to exceed 100 seconds.) If baseline is unavailable, use goal of 45-85 seconds

Argatroban Dosing Adjustment Protocol

aPTT result	Dosing adjustment when infusion is ≥ 2 mcg/kg/min	Dosing adjustment when infusion is < 2 mcg/kg/min	Recheck aPTT
aPTT $<$ ____ (1.5 x Baseline)	Increase by 0.5 mcg/kg/min	Increase by 0.25 mcg/kg/min	2 hrs
aPTT ____ to ____ (Goal)	No change	No change	Daily
aPTT $>$ ____ (3x Baseline)	Decrease by 0.5 mcg/kg/min	Decrease by 0.25 mcg/kg/min	2 hrs
aPTT $>$ 100	Decrease by 1 mcg/kg/min	Decrease by 0.5 mcg/kg/min	2 hrs
aPTT $>$ 125	Notify physician	Notify physician	As directed

*** Maximum dose is 10mcg/kg/min**

Other:
Information:
 -Argatroban causes a false elevation of the INR
 -Warfarin may be ordered when platelets are $>100 \times 10^9/L$ and have stabilized
 -May order discontinuation of argatroban after 4 days of overlap and INR is >4
 -INR should be checked 4-6 hours after discontinuation of argatroban

Physician Signature: _____ Pager: _____ Date: _____ Time: _____

ARGATROBAN ORDER FORM FOR HIT



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Childs-Pugh Classification			
	1 point	2 points	3 points
Total Bilirubin (mg/dL)	<2	2-3	>3
Albumin (g/dL)	>3.5	2.8-3.5	<2.8
INR	<1.7	1.71-2.3	> 2.3
Ascites	None	Moderate	Tense
Hepatic Encephalopathy*	None	Grade 1-2 (or suppressed with medication)	Grade 3-4 (or refractory)

*Grade 1-Euphoria, depression, mild confusion, slurred speech, disordered sleep
Grade 2-Lethargy, moderate confusion
Grade 3-Marked Confusion, incoherent speech, sleeping but arousable
Grade 4-Coma, initially responsive to noxious stimuli but later unresponsive

Total Score	Class
5-6 points	A
7-9 points	B
10-15 points	C