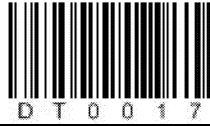




THE UNIVERSITY OF KANSAS HOSPITAL

3901 Rainbow Boulevard
Kansas City, Kansas 66160

Do not write in this box



PATIENT LABEL

PHYSICIAN'S ORDER FORM

ORDERS

ORAL CLOPIDOGREL DESENSITIZATION PROTOCOL

DATE & TIME #

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: J Am Coll Cardiol 2007;50:2039-43

Allergies: _____ **Patient Weight** _____ kg

Attending Physician Responsible for Therapy: _____ **Pager:** _____

Pretreatment: Give 1 hour prior to first dose of clopidogrel.

- Loratadine 10mg PO x 1 dose
- Montelukast 10mg PO x 1 dose
- Famotidine 20mg PO x 1 dose
- Methylprednisolone 125mg IV x 1 dose

1.

Clopidogrel desensitization protocol:

- Check vitals signs and O₂ saturation prior to each dose
- Monitor for signs and symptoms such as: itching, hives, rash, nausea, lightheadedness, shortness of breath, wheezing, decreased in SBP>15mmHg or increase in HR>100 BPM
- If any of the above signs/symptoms occur stop dose titration and give diphenhydramine 25-50mg PO and contact physician.
- If patient is wheezing give Levalbuterol 1.25mg via nebulizer x 1 dose and contact physician.

2.

Clopidogrel Desensitization				
Dose (#)	Time (min)	Dose (mg)	Conc (mg/mL)	Volume of Dose (mL)
1	0	0.005	0.005	1
2	30	0.01	0.005	2
3	60	0.02	0.005	4
4	90	0.04	0.005	8
5	120	0.08	0.005	16
Concentration Change				
6	150	0.15	0.05	3
7	180	0.3	0.05	6
8	210	0.6	0.05	12
Concentration Change				
9	240	1.25	0.5	2.5
10	270	2.5	0.5	5
11	300	5	0.5	10
Concentration Change				
12	330	10	5	2
13	360	20	5	4
14	390	40	5	8
Clopidogrel Tablet				
15	420	Clopidogrel 75mg tablet by mouth Once		

Pharmacy will make up all doses prior to sending to the floor

3.

□ Clopidogrel 75mg maintenance therapy to begin the day after desensitization

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

ORAL CLOPIDOGREL DESENSITIZATION PROTOCOL

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