




<p style="text-align: center;">THE UNIVERSITY OF KANSAS HOSPITAL KUMED 3901 Rainbow Boulevard Kansas City, Kansas 66160 PHYSICIAN'S ORDER FORM</p>	<p>Do not write in this box</p>  DT0017	<p>PATIENT LABEL</p>
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DATE & TIME	#	ORDERS WEIGHT-BASED HEPARIN PROTOCOL
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Reference: Parenteral Anticoagulants: ACCP Evidence-Based Clinical Practice Guidelines (8th edition) CHEST / 133 / June, 2008 Supplement <http://www.acc.org/qualityandscience/clinical/guidelines/stemi/STEMI%20Full%20Text.pdf>
2004 ACC/AHA Guidelines for the Management of Patients With ST-Elevation Myocardial Infarction (no changes on the 2007 update) <http://content.onlinejacc.org/cgi/reprint/50/7/e1.pdf>
2007 ACC/AHA Guidelines for the Management of Patients With Unstable Angina/Non-ST-Segment Elevation Myocardial Infarction

Allergies: _____ **Patient Weight:** _____ kg

Attending Physician: _____ **Pager:** _____
Resident Physician: _____ **Pager:** _____

Notify Ordering Physician For:

- Any signs of bleeding (i.e. new ecchymosis, petechiae, hematoma, hematuria, bloody stools, hematemesis, excessive oozing or bleeding from IV sites)
- Low molecular weight heparin (i.e. enoxaparin) given within the past 12 hrs
- Initial platelet count < 100,000
- Any subsequent platelet count < 100,000 or > 50% decrease
- Two consecutive aPTT's < 75 or > 120 (not including additional aPTT drawn when aPTT > 150)
- aPTT does not increase despite increasing doses of Heparin (suggesting Heparin resistance)

Obtain The Following Laboratory With Heparin Therapy:

- Baseline aPTT, INR, CBC within 12 hrs prior to initiation of Heparin
- CBC with platelet count daily
- **STAT** aPTT 6 hrs after infusion begins & 6 hrs after infusion rate change
- aPTT daily once PTT within therapeutic range
- **STAT** aPTT if bleeding occurs

Weight – Based Heparin Infusion: Heparin 20,000 units/D5W 500 mL = 40 units/mL (Check appropriate box)

A. STEMI (with or without thrombolytic)/NSTEMI/USA

- Initial IV bolus 60 units/kg, *not to exceed* 4,000 units
- Initial IV infusion 12 units/kg/hr, *not to exceed* 1,000 units/hr for the first 12 hrs
- Follow heparin adjustment scale below

B. Glycoprotein IIb/IIIa Inhibitors (e.g., eptifibatide, tirofiban, abciximab)

- Initial IV bolus 50 units/kg *not to exceed* 3,000 units
- Initial IV infusion 7 units/kg/hr *not to exceed* 800 units/hr
- Follow heparin adjustment scale below

C. Recent Surgery/Procedure - NO BOLUS

- No IV bolus
- Initial IV infusion 10 units/kg/hr *not to exceed* 800 units/hr
- Follow heparin adjustment scale below **without boluses**

D. Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE)

- Initial IV bolus of 80 units/kg, *not to exceed* 10,000 units
- Initial IV infusion of 18 units/kg/hr, *not to exceed* 2,000 units/hr
- Follow heparin adjustment scale below

E. Ischemic Stroke – NO BOLUS

- No IV bolus
- Initial IV infusion 15 units/kg/hr, *not to exceed* 1,700 units/hr
- Follow heparin adjustment scale below **without boluses**

F. Weight based treatment for all other patients

- Initial IV bolus 70 units/kg, *not to exceed* 7,500 units
- Initial IV infusion 15 units/kg/hr, *not to exceed* 1,700 units/hr
- Follow heparin adjustment scale below **-or-**
- Follow heparin adjustment scale without boluses (check if applicable)

***If patient received IV Heparin within the previous 2 hrs, DO NOT give bolus, proceed with infusion**



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WEIGHT-BASED HEPARIN PROTOCOL**

Heparin Infusion Scale:

Calculations are based on **actual body weight**. Calculate intervals for "repeat aPTT" from time of rate change.

aPTT (secs)	Bolus Dose (units/kg)	Stop Infusion (minutes)	Infusion Rate (units/hrs)	Repeat (hrs)
<65	40	0	Incr. 200units/hr	6
65 – 74	20	0	Incr. 100units/hr	6
75 – 120	0	0	No Change	6, q AM *
121 – 129	0	60	Decr. 100units/hr	6
130 – 150	0	90	Decr. 200units/hr	6
>150	0	90	Decr. 200units/hr	**

* After 2 consecutive therapeutic aPTT, go to q AM.

** After 90 minutes, restart Heparin at reduced rate *AND* draw an aPTT. If aPTT remains greater than 120 follow protocol (stop infusion for specified time then decrease infusion rate per protocol), if aPTT is 120 or less continue with reduced rate. Redraw aPTT in 6 hrs and follow protocol.

4.

Physician Signature: _____ Pager: _____

WEIGHT-BASED HEPARIN PROTOCOL

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