

CCU-306-FRM
REV 6 10.5.22

Conway Medical Center
Conway, South Carolina

Center Patient Admission
Label Here

PHYSICIAN'S ORDERS
Unfractionated Heparin Dosing

Date & Time	Another brand of drug identical in form and content may be dispensed unless checked. <input type="checkbox"/>	Drug Allergies	Nurse's Initials
Baseline PT ____ and PTT ____	<input checked="" type="checkbox"/> If not previously drawn in the <u>last 4 hours</u> , STAT PT, PTT, CBC w/diff before initiating Protocol (Notify physician if Platelet Count is less than 100,000 /mm) <input checked="" type="checkbox"/> CBC w/AutoDiff 24 hours after initiation of therapy AND then every other day until day 14 OR until Heparin Drip is discontinued. (Notify physician if platelet count decreases 50% from baseline)		
Baseline Platelet Count ____			
Patient Weight ____ (kg)			
Initiation of therapy and all rate changes must be checked by 2 RN's and documented on the Heparin Drip Flow Sheet.			
	Select One:		
	<input type="checkbox"/> Standard Cardiac Disease or Peripheral Vascular Disease		
	Loading Dose (60 units/kg – max loading dose = 4,000 units) = _____ units IV bolus		
	Initial Infusion (12 units/kg/hr – max initial rate 1,000 units/hr) = _____ units/hour IV		
	PTT 6 hours after drip started and adjust as follows:		
	PTT less than 35 ---- 25 unit/kg/bolus, increase infusion rate by 3 units/kg/hr, repeat PTT in 6 hours		
	PTT 35-45 ---- Increase infusion rate by 2 units/kg/hr repeat PTT in 6 hours		
	PTT 46-56 ---- Increase infusion rate by 1 unit/kg/hr, repeat PTT in 6 hours		
	PTT 57-95 ----- No change in rate, repeat PTT in AM		
	PTT 96-105 ---- Decrease infusion rate by 1 unit/kg/hr, repeat PTT in 6 hours		
	PTT 106-115 ---- Stop drip for 60 minutes, decrease rate by 2 units/kg/hr, repeat PTT in 6 hours		
	PTT 116-125 ---- Stop drip for 60 minutes, decrease rate by 3 units/kg/hr, repeat PTT in 6 hours		
	PTT 126-135 ---- Stop drip for 120 minutes, decrease rate by 4 units/kg/hr, repeat PTT in 6 hours		
	PTT greater than 135 ---- Stop drip for 120 minutes, decrease rate by 5 units/kg/hr and contact provider, repeat PTT in 6 hours		
	<input type="checkbox"/> Venous Thromboembolism Heparin Dosing (DVT, Pulmonary embolism)		
	Loading Dose (80 units/kg – round to nearest 100 units - max loading dose = 10,000 units) = _____ units IV bolus		
	Initial Infusion (18 units/kg – round to nearest 100 units - max initial rate 2,000 units/hr) = _____ units/hour IV		
	PTT 6 hours after drip started and adjust as follows: (round all calculations to nearest 100 units)		
	PTT less than 35 ---- 25 unit/kg bolus, increase infusion rate by 3 units/kg/hr, repeat PTT in 6 hours		
	PTT 35-45 ---- Increase infusion rate by 2 units/kg/hr, repeat PTT in 6 hours		

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	<input type="checkbox"/> Cerebrovascular Disease (ischemic CVA or TIA or neurologic event associated with atrial fibrillation)	
	Loading Dose None	
	Initial Infusion (10 units/kg/hr – round to nearest 100 units – max initial rate 1,400 units/hr)= _____ units/hour IV	
	PTT 6 hours after drip started and adjust as follows: (round all calculations to nearest 100 units)	
	PTT less than 35 ---- Increase infusion rate by 3 units/kg/hr, repeat PTT in 6 hours	
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_____/_____/_____
Physician's Signature **Date** **Time**

_____/_____/_____
Nurse #1 Signature **Date** **Time**

_____/_____/_____
Nurse #2 Signature **Date** **Time**