## \*\*FOR INTENSIVE CARE USE ONLY \*\*

# Adult ARGATROBAN Infusion Chart for ALL ECMO

Consultant	Name of Patient	
Hospital / Ward	CHI Number	
Weight (kg)	DOB	

	Medicine proved Name)	Final Concentration	Total Dose	Volume	Route	Prescribed / Transcribed By Sign & print name
Aı	rgatroban	0.5mg/ml	25mg	50mls	IV	

If in doubt, contact pharmacy for advice.

#### Initiation of therapy

- Check baseline FBC, coagulation screen, urea, creatinine
- Prescribe continuous infusion on the patient main prescription chart. No loading dose is given.
- Start continuous infusion of argatroban 12 mcg/kg/hour (maximum 1500 mcg/hour). Use actual body weight capped at
- For patients with a high risk of thrombosis (eg circuit thrombosis/PE) consider a higher starting rate e.g 30 mcg /kg/hour (maximum 1500 mcg/hour)

Infusion Rate Instructions							
	Date	Time	Rate ml/hr	Prescribed by	Adjusted by	APTT ratio	Reason for Change/Comment
Initial Rate							
Change 1							
Change 2							
Change 3							
Change 4							
Change 5							
Change 6							

## **Dose Adjustment Instructions**

TARGET: APTTR 1.5 to 2.0

Anti-Xa level	INFUSION ADJUSTMENT:	REPEAT APTTr:
>3.1	Stop for 2 hours decrease rate by 50%	2 hours
2.1-3.0	Stop for 1 hour and decrease rate by 3mcg/kg/hour	2 hours
1.5-2.0	No change in infusion rate	6 hours
<1.4	Increase infusion rate by rate by 3mcg/kg/hour	2 hour

# Other Instructions

- Needs to be administered through a dedicated central line lumen
- Check initial APTTr, 6 hours after initiation, then adjust rate to achieve therapeutic range of 1.5-2.0 using the dose adjustment table above.
- Monitor FBC daily and be vigilant for worsening hepatic function as argatroban is predominantly hepatic metabolised
- If therapeutic range for argatroban is not reached within 24 hours, seek advice from haematology
- Do not take the APTTr sample from the limb with the infusion (or the same line in the case of central lines)
- · No loading dose is required
- · A suggested starting dose for patients who are low risk for thrombosis is 12 microgram/kg/hour intravenously
- Doses of 30 microgram/kg/hour or more may be used for patients with known or suspected thrombosis.

#### **Preparation of Argatroban**

- First prepare a 250mg in 250ml infusion. The solution for infusion may be 5% glucose (preferred) or 0.9% Sodium chloride
- The bag should be mixed by repeated inversion of the diluent bag for one minute.
- When thoroughly mixed remove 25mL (25mg) from this bag into a 50mL syringe and further dilute to 50mL with 5% glucose (or other diluent as above) and mix thoroughly to make a concentration of 500mcg/mL

Medicine	Argatroban	Infusion Device Type	Name of Patient	
Concentration	500 mcg/ml	Device Service Number	Patient Number	Or affix patient label
Expected Completion Time			DOB	

Preparation Details	Batch Number	Quantity	Prepared By	Checked By
Argatroban				
			Date:	Time:

Check infusion device 15 mins after set up and then every hour thereafter.

Sign box when the device has been checked.

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Α	В	С	D	E	F	G	Н	I	J	
Date	Time	Site check	Rate (ml/hr)	Volume (ml) remaining in syringe – visual check	Volume (ml) infused since last check – calculated from E	Total volume (ml) infused – calculated from E	Total volume (ml) infused – device reading	Initials (two to set up / change rate)	Comments	

Use a new page with every new syringe prepared, or if the infusion device is changed.

Syringe pumps must have the line purged and the volume recorded in column E. Start-up time may affect volume actually given to the patient.