**FOR INTENSIVE CARE USE ONLY **

Adult ARGATROBAN Infusion Chart for ALL ECMO

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

Medicine (Approved Name)	Final Concentration	Total Dose	Volume	Route	Prescribed / Transcribed By Sign & print name
Argatroban	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 125kg.
- 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 <u>not</u> 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.

Check ii	infusion device 15 mins after set up and then every hour thereafter.					Sign box when the device has been checked.				
Α	В	C	D	E	F	G	Н	1	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.