

****FOR INTENSIVE CARE USE ONLY ****
Adult Heparin Infusion Chart for COVID-19 Patients

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
Heparin	1000 units/ml	40,000 units	40 mls	IV	

*Please note that in NHS Lothian heparin sodium solution for infusion is available in a ready concentration of 1000units/ml so further dilution is not required. If in doubt, contact pharmacy for advice.

Initiation of therapy
<ul style="list-style-type: none"> Check baseline FBC, INR, APTT, urea, creatinine Prescribe loading dose and infusion on the patient Main Prescription Chart. Loading dose: 80 units /kg (maximum 10,000 units). Administer as a slow IV bolus over 5 minutes. Immediately start continuous infusion of heparin 18 units /kg/hour (maximum 2,250 units/hour). Use actual body weight capped at 125kg. For patients with a high risk of bleeding, a lower starting rate may be required

Infusion Rate Instructions							
	Date	Time	Rate ml/hr	Prescribed by	Adjusted by	UFH Anti-Xa level (units/ml)	Reason for Change/Comment
Initial Rate							
Change 1							
Change 2							
Change 3							
Change 4							
Change 5							
Change 6							

Dose Adjustment Instructions		
TARGET UFH Anti-Xa LEVEL 0.3-0.7 units/ml		
Anti-Xa level	INFUSION ADJUSTMENT:	REPEAT UFH Anti-Xa level:
>1.2	Stop for 1 hour and decrease rate by 500 units (0.5ml)/hr	2 hours
0.9-1.2	Decrease infusion rate by 300 units (0.3ml)/hr	6 hours
0.71-0.9	Decrease infusion rate by 200 units (0.2ml)/hr	6 hours
0.3-0.7	No change in infusion rate	next day AM
0.15-0.29	Increase infusion rate by 100 units (0.1ml)/hr	6 hours
0.06-0.14	Increase infusion rate by 200 units (0.2ml)/hr	6 hours
<0.06	Increase infusion rate by 400 units (0.4ml)/hr	6 hours
Other Instructions		
<ul style="list-style-type: none">• UFH stands for unfractionated heparin (iv heparin)• UFH-anti-Xa levels are taken in a green citrated tube; fill tube to the level, send to haematology• To order on TRAK: go to “search for order”, click on “order item” then enter “heparin”, then click on “Unfractionated Heparin assay All sites”: call RIE laboratory to inform sample is coming; WGH and SJH sites must courier samples to RIE lab.(ext 26093, OOH page 6550)• Check UFH Anti-Xa level 6 hours after initiation, then adjust rate to achieve therapeutic range of 0.3-0.7 units/ml using the dose adjustment table above. Measure the UFH-anti-Xa level 6 hours after each dose change• Monitor FBC daily and be vigilant for heparin-induced thrombocytopenia• No IM injections, no non-steroidal anti-inflammatory drugs• If therapeutic range for UFH-anti-Xa level is not reached within 24 hours, seek advice from haematology• Do <u>not</u> stop the heparin infusion to check the UFH-anti-Xa sample• Do <u>not</u> take the UFH-anti-Xa sample from the limb with the infusion (or the same line in the case of central lines)		

