

**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

- · 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

- 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)

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- 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 not stop the heparin infusion to check the UFH-anti-Xa sample
- Do not take the UFH-anti-Xa sample from the limb with the infusion (or the same line in the case of central lines)

Medicine	Heparin	Infusion Device Type	Name of Patient	
Concentration	1000 units/ml	Device Service Number	Patient Number	Or affix patient label
Expected Completion Time			DOB	

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

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