

SOMC HEPARIN PROTOCOL

Cardiac/Vascular

Pulmonary Embolus/DVT

Physician must order Cardiac/Vascular and or PE / DVT protocol if indication can't be determined

** 2 RN's are to check and verify all drug, dose, concentration, infusion pump settings, connection to correct line and pump, correct patient, and all initial and dosage adjustment calculations, RN's should document this double check on the anticoagulation flow sheet.

****STAT** baseline PTT, PT, CBC, & Platelet count - call physician if not WNL - if normal give bolus-start drip**

CBC with platelet count q 3 days

Get PTT q8H at 06:00- 14:00- 22:00 and adjust as per protocol. If infusion started between 03:00-06:00-get 1st PTT at 10:00 -if started between 11:00-14:00; get 1st PTT at 18:00 - if started between 19:00 and 22:00 get 1st PTT at 02:00. If infusion started outside of listed times get PTT at next scheduled time. Adjust as per protocol. Get 2nd PTT at next normal time (06:00- 14:00 or 22:00) and keep on that schedule.

Discontinue any subcutaneous heparin or Low Molecular Weight Heparin (Lovenox, Fragmin, Innohep, etc)

Cardiac/Vascular (as checked above)	
Loading Dose	70 units/kg-obtain dose from cardiac/vascular dosing table Hold bolus / drug until results of baseline back O Yes O No If left blank, hold bolus/drip until baseline back
Omit loading dose if giving TPA or pt has CVA (give with TNK)	
Maintenance Dose	15 units per kg/hr-obtain infusion rate from cardiac/vascular dosing table

Pulmonary Embolus / DVT (as checked above)	
Loading Dose	80 units/kg-obtain dose from PE/DVT dosing table Hold bolus / drug until results of baseline back O Yes O No If left blank, hold bolus/drip until baseline back
Omit loading dose if patient received TPA (give with TNK)	
Maintenance Dose	18 units per kg/hr - obtain infusion rate from PE/DVT dosing table

Today's Wt	Bolus dose	Maintenance
_____ pounds	_____ units _____ ml	_____ units/hr _____ ml / hr

Today's Wt	Bolus dose	Maintenance
_____ pounds	_____ units _____ ml	_____ units/hr _____ ml / hr

Find PTT's and adjust as below. All calculations double checked by 2 RNs	
39 or less	Increase rate 4ml/hr (200 units/hr) & give 1/2 of the initial bolus
40-49	Increase rate 4ml/hr (200 units/hr) & give 1/4 of the initial bolus
50-75	No change - maintain infusion rate
76-90	Decrease rate by 200 units/hr (4ml/hr)
91-110	Stop infusion 20 minutes- Restart with rate decreased 200 units/hr (4ml/hr)
> 111	Stop IV infusion 60 minutes- Then repeat PTT STAT- Restart with rate decreased by 300 units/hr (6ml/hr) until PTT results available. Once available - adjust accordingly. NOTIFY Physician IF STAT result is still > 111

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If any bleeding, notify physician. If bleeding is uncontrolled after 5 minutes with direct pressure, discontinue heparin and contact physician. Notify MD of last PTT result.

If a heparinized patient is scheduled to undergo an invasive procedure, the heparin infusion is discontinued 4 hours before the procedure, or as directed by the physician.

USE BALL POINT PEN ONLY

South campus
1248 Kinneys Lane
Portsmouth, Ohio 45662

Main campus
1805 27th St
Portsmouth, Ohio 45662



Physician's signature _____

DOB: _____