

## Argatroban for HIT Infusion Nomogram

- All orders for anticoagulants (i.e. heparin subcutaneous, enoxaparin, warfarin) must be discontinued
- The standard argatroban preparations are either 50mg/50 mL IVPB or 250mg/250mL IVPB. Final product to be determined by pharmacy based on rate, expected duration, and available products.

### Monitoring:

- Baseline PTT should be drawn 3 hours after heparin has been stopped or 8 hours after last dose of enoxaparin. Argatroban drip should be started 15-30 minutes after baseline PTT is drawn.
- May decrease to daily PTT once two consecutive PTT levels are within the therapeutic range. If any daily PTT level is outside of therapeutic goal, PTT levels must be resumed every 2 hours after adjusting the infusion rate until two therapeutic levels are obtained again.
- Baseline CBC, then every other day, or more frequently if ordered by provider
- Notify Physician
  - If PTT exceeds 100 seconds
  - If Hemoglobin decreases by 2 g/dL
  - If signs of bleeding occur
  - Argatroban rate exceeds 10 mcg/kg/min

PTT Ratio {Current PTT divided by Baseline PTT}	Rate Adjustments		Next PTT
	Standard Dose (Initial rate: 2 mcg/kg/min)	Moderate/Severe Hepatic Impairment or Critically Ill (Initial rate: 0.25 - 0.5 mcg/kg/min)	
Less than 1.3	Increase by 1 mcg/kg/min	Increase by 0.2 mcg/kg/min	2 hours
1.3 - 1.4	Increase by 0.5 mcg/kg/min	Increase by 0.1 mcg/kg/min	2 hours
1.5 - 3	No change – Continue current rate	No change – Continue current rate	2 hours*
3.1 – 3.5 or Current PTT EXCEEDS 100 secs	Decrease by 0.5 mcg/kg/min	Decrease by 0.1 mcg/kg/min	2 hours
GREATER than 3.5	Decrease by 1 mcg/kg/min	Decrease by 0.2 mcg/kg/min	2 hours

\* Once two consecutive PTT levels are within range, may collect daily with AM labs

\*\* Maximum rate is 10 mcg/kg/min. Notify provider if patient reaches this rate.

Reviewed by: UMC Pharmacy

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