UMC Health System

ARGATROBAN FOR HIT GUIDELINES PLAN

Patient Label Here

	PHYSICIAN ORI	DERS			
Diagnosis					
Weight					
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.				
ORDER					
	Patient Care		a in wationts		
	Argatroban is indicted for use in adults as an anticoagulant for the prophylaxis or treatment of thrombosis in patients with heparin induced thrombocytopenia (HIT).				
	If AST and /or ALT are greater than 3 times UPPER NORMAL LIMIT, do not use Argatroban.				
	Argatroban Nomogram ***Reference Text***				
	Check the .Medication Management order below if the patient requires specific monitoring and argatroban adjustments per provider.				
	.Medication Management (Notify Nurse and Pharmacy) □ BID, Start date T;N				
	DO NOT USE GUIDELINES - Patient requires specific monitoring and arga	troban adjustments per p	rovider.		
	Communication				
	Bleeding Precautions T;N, Call provider immediately for any signs of bleeding.				
	Notify Provider (Misc) (Notify Provider of Results) T;N, Reason: if aPTT exceeds 100 seconds or if argatroban drip rate reaches 10 mcg/kg/min.				
	Notify Provider (Misc) (Notify Provider of Results) T;N, Reason: If Hemoglobin decreases by 2 g/dL or more.				
	.Medication Management (Notify Nurse and Pharmacy) □ BID, NOW, Start date T;N *HOLD INITIAL* administration of argatroban 3 hours following the discontinuation of heparin OR 8 hours following the last dose of exoxaparin.				
	.Medication Management (Notify Nurse and Pharmacy) BID, NOW, Start date T;N Baseline PTT should be drawn 3 hours after heparin has been stopped or 8 hours after last dose of enoxaparin. Then, argatroban drip should be started 15-30 minutes after baseline PTT.				
	Medications				
	Medication sentences are per dose. You will need to calculate a total daily dose if needed. .Medication Management BID, Start date T;N Discontinue all forms of heparin/LMWH (IV, SC, Flushes, catheters). Avoid any intramuscular (IM) injections while on argatroban.				
	Argatroban requires dose reductions in critically ill patients or those with hepatic impairment. Follow dosing guidance below:				
	Standard dose, starting rate is 2 mcg/kg/min				
	argatroban 50 mg/50 mL (normal hepatic f (argatroban 50 mg/50 mL (normal hepatic function))				
	□ IV □ St	art at rate:	mcg/kg/min		
□ то	D ☐ Read Back ☐ Sca	nned Powerchart	☐ Scanned PharmScan		
Order Taken by Signature:		Date	Time		
Physician Signature:		Date	Time		

Version: 2 Effective on: 03/07/23

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	PHYSICIAN C	ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.				
ORDER	ORDER DETAILS				
	Moderate disease dose reduction, starting rate is 0.5 mcg/kg/min. with moderate class B), critically ill, heart failure, multiple organ dysfunction, severe a		ry}		
	argatroban 50mg/50 mL (moderate hepatic (argatroban 50mg/50 mL (moderate hepatic)		hild-Pugh class C)) cg/kg/min		
	Severe disease dose reduction, starting rate is 0.25 mcg/kg/min. with severe Pugh class C)}	e hepatic impairment (Child-			
	argatroban 50mg/50 mL (severe hepatic im (argatroban 50mg/50 mL (se		d-Pugh class D)) cg/kg/min		
	Laboratory				
	Baseline Labs				
	CBC ☐ Routine, T;N				
	Hepatic Function Panel (Liver Function Panel) ☐ Routine, T;N				
	aPTT must be TIMED by provider- Right click and Modify the following order.				
	Requested Start Date/Time should be 3 hours after heparin has been stopped or 8 hours after last dose of enoxaparin				
	PTT (Partial Thromboplastin Time) Routine Initial PTT for argatroban from Argatroban for HIT Guidelines				
	Therapeutic Monitoring				
	Therapeutic Monitoring CBC Routine, T;N, q48h				
	CBC				
□ то	CBC Routine, T;N, q48h	Scanned Powerchart	Scanned PharmScan		
	CBC Routine, T;N, q48h	Scanned Powerchart	Scanned PharmScan		

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