UMC Health System

CARDIO POST CATHETER LYSIS PLAN

Patient Label Here

	PHYCICIAN	ODDEDO				
PHYSICIAN ORDERS						
Diagnosis						
Weight	Allergies					
ORDER	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 DETAILS					
ORDER	Communication					
	Notify Provider (Misc) Reason: 2 consecutive PTT levels are greater than 90 or less than 50					
	Notify Provider (Misc) Reason: If platelet count decreases by 50% of baseline or drops below 100,000 (100 K/uL)					
	Notify Provider (Misc) ☐ Reason: If Hemoglobin decreases by 2 g/dL or more.					
	Notify Provider (Misc) Reason: If signs of bleeding occur.					
	Notify Provider (Misc) Reason: If Fibrinogen less than 180, notify physician and decrease rate to 0.5 mg/hr.					
	Notify Provider (Misc) Reason: If Fibrinogen less than 150, notify physician before stopping alteplase drip. DO NOT STOP DRIP WITHOUT NOTIFYING PROVIDER.					
	Medications					
	Medication sentences are per dose. You will need to calculate a total	daily dose if needed.				
	alteplase 12 mg/250 mL EKOS IV DO NOT STOP DRIP WITHOUT NOTIFYING PROVIDER. If Fibrinogen less than 180, notify physician and decrease rate to 0.5 mg/hr. If Fibrinogen less than 150, notify physician immediately before stopping drip. Start at rate:mg/hr					
	Laboratory					
	PTT □ STAT, T;N, q3h 24 hr					
	Fibrinogen Level ☐ STAT, T;N, q3h 24 hr					
	CBC □ STAT, T;N, q3h 24 hr					
	Basic Metabolic Panel (BMP) ☐ STAT, T;N, q3h 24 hr					
	Additional Orders					
□ то	☐ Read Back	Scanned Powerchart	Scanned PharmScan			
Order Taken by Signature:		Date	Time			
Physician Signature:		Date	Time			

Version: 2 Effective on: 05/04/22

UMC Health System

HEPARIN INFUSION MED PLAN

Patient Label Here

	PHYSICIAN 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					
	Patient Care					
	Heparin Infusion Nomogram □ ***See Reference Text***					
	Check the .Medication Management order below if the patient requires specific monitoring and heparin adjustments per provider. AntiXa levels must be used. aPTT levels will not be accepted for monitoring and heparin adjustments.					
	.Medication Management (Notify Nurse and Pharmacy) □ BID, Start date T;N □ DO NOT USE NOMOGRAM - Patient requires specific monitoring and heparin adjustments per provider. AntiXa levels must be used. aPTT levels will not be accepted for monitoring and heparin adjustments.					
	Communication					
	Notify Nurse (DO NOT USE FOR MEDS) Obtain Xa Heparin (Anti-Xa) Level 6 hours after starting infusion and 6 hours after every rate change.					
	Notify Provider (Misc) Reason: 2 consecutive Xa Heparin (Anti-Xa) levels are greater than 0.9 or less than 0.2					
	Notify Provider (Misc) Reason: If platelet count decreases by 50% of baseline or drops below 100,000 (100 K/uL)					
	Notify Provider (Misc) ☐ Reason: If Hemoglobin decreases by 2 g/dL or more.					
	Notify Provider (Misc) ☐ Reason: If signs of bleeding occur.					
	Medications Medications	tal daily daga if was dad				
	Medication sentences are per dose. You will need to calculate a to .Medication Management ☐ Start date T;N Discontinue all other orders for heparin products (i.e. heparin sububc					
	Venous Thromboembolic Disorder					
	Deep Vein Thrombosis, Pulmonary Embolism					
	heparin 80 units/kg, IVPush, inj, ONE TIME For Load Dose: Indication: DVT/PE Recommended maximum dose is 10,000 units.					
	heparin 25,000 units/250 mL D5W (Venous (heparin 25,000 units/250 mL D5W (Venous Thromboembolic)) IV Indication: DVT/PE. The initial maximum rate is 18 units/kg/hr not to exceed a total hourly dose of 1,800 units. Final concentrati on = 100 unit/mL. Refer to Heparin Infusion Nomogram for maintenance dose adjustments or contact provider if patient requires specific adjustments. Continued on next page					
□ то	☐ Read Back	Scanned Powerchart	☐ Scanned PharmScan			
Order Taken by Signature:		Date	Time			
Physician Signature:		Date	Time			

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UMC Health System

HEPARIN INFUSION MED PLAN

Patient Label Here

	PHYSICIAN 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					
	Start at rate:units/kg/hr					
	Cardiac					
	Unstable angina, ST elevation MI, non-ST elevation MI					
	heparin 60 units/kg, IVPush, inj, ONE TIME Load Dose: Indication: unstable anging STEML or non STEML Rec	ommonded maximum dose is 4.000	20 unite			
	Load Dose: Indication: unstable angina, STEMI or non-STEMI. Recommended maximum dose is 4,000 units.					
	heparin 25,000 units/250 mL D5W (Cardiac (heparin 25,000 units/250 Start at rate:units/kg/hr	mL D5W (Cardiac)) ☐ IV				
Т	Neurological	L NOTE : LOT				
	Ischemic strokes with a suspected embolic source in which thrombolytics have NOT been given and a CT has confirmed NO cerebral hemorrhage					
	No initial heparin load dose recommended.					
	heparin 25,000 units/250 mL D5W (Neurolo (heparin 25,000 units/250 mL D5W (Neurological)) ☐ IV					
	Indication: Ischemic Stroke. Initial maximum rate is 12 units/kg/hr not to exceed a total hourly dose of 1,200 units. Final concentration = 100 unit/mL. Refer to Heparin Infusion Nomogram for maintenance dose adjustments or contact provider if patient					
	requires specific adjustments. Start at rate:units/kg/hr					
	Laboratory					
Т	Baseline Labs CBC					
	STAT					
	Anti Xa Level ☐ STAT					
	Prothrombin Time with INR (Protime with INR) ☐ STAT					
	Daily Labs					
	CBC ☐ Next Day in AM, T+1;0300, Every AM 3 days					
□то	☐ Read Back	Scanned Powerchart	Scanned PharmScan			
Order Taken by Signature:		Date	Time			
Physician Signature:		Data	Time			

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