

<p>UMC Health System</p> <p>HEPARIN INFUSION MED PLAN</p>	<p>Patient Label Here</p>
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PHYSICIAN ORDERS

Diagnosis _____

Weight _____ Allergies _____

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

	<p>Heparin Infusion Nomogram</p> <p><input type="checkbox"/> ***See Reference Text***</p>
	<p>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.</p> <p>.Medication Management (Notify Nurse and Pharmacy)</p> <p><input type="checkbox"/> BID, Start date T;N</p> <p>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.</p>

Communication

	<p>Notify Nurse (DO NOT USE FOR MEDS)</p> <p><input type="checkbox"/> Obtain Xa Heparin (Anti-Xa) Level 6 hours after starting infusion and 6 hours after every rate change.</p>
	<p>Notify Provider (Misc)</p> <p><input type="checkbox"/> Reason: 2 consecutive Xa Heparin (Anti-Xa) levels are greater than 0.9 or less than 0.2</p>
	<p>Notify Provider (Misc)</p> <p><input type="checkbox"/> Reason: If platelet count decreases by 50% of baseline or drops below 100,000 (100 K/uL)</p>
	<p>Notify Provider (Misc)</p> <p><input type="checkbox"/> Reason: If Hemoglobin decreases by 2 g/dL or more.</p>
	<p>Notify Provider (Misc)</p> <p><input type="checkbox"/> Reason: If signs of bleeding occur.</p>

Medications

	<p>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</p> <p>.Medication Management</p> <p><input type="checkbox"/> Start date T;N</p> <p>Discontinue all other orders for heparin products (i.e. heparin subcutaneous, enoxaparin).</p>
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Venous Thromboembolic Disorder

	<p>Deep Vein Thrombosis, Pulmonary Embolism</p> <p>heparin</p> <p><input type="checkbox"/> 80 units/kg, IVPush, inj, ONE TIME</p> <p>For Load Dose: Indication: DVT/PE Recommended maximum dose is 10,000 units.</p>
	<p>heparin 25,000 units/250 mL D5W (Venous (heparin 25,000 units/250 mL D5W (Venous Thromboembolic))</p> <p><input type="checkbox"/> IV</p> <p>Indication: DVT/PE. The initial maximum rate is 18 units/kg/hr not to exceed a total hourly dose of 1,800 units. Final concentration = 100 unit/mL. Refer to Heparin Infusion Nomogram for maintenance dose adjustments or contact provider if patient requires specific adjustments.</p> <p>Continued on next page....</p>

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

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PHYSICIAN ORDERS			
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ORDER	ORDER DETAILS		
	<input type="checkbox"/> Start at rate: _____ units/kg/hr		
Cardiac			
	Unstable angina, ST elevation MI, non-ST elevation MI		
	heparin <input type="checkbox"/> 60 units/kg, IVPush, inj, ONE TIME 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 mL D5W (Cardiac)) <input type="checkbox"/> Start at rate: _____ units/kg/hr <input type="checkbox"/> IV		
Neurological			
	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)) <input type="checkbox"/> 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.		
	<input type="checkbox"/> Start at rate: _____ units/kg/hr		
Laboratory			
Baseline Labs			
	CBC <input type="checkbox"/> STAT		
	Anti Xa Level <input type="checkbox"/> STAT		
	Prothrombin Time with INR (Prottime with INR) <input type="checkbox"/> STAT		
Daily Labs			
	CBC <input type="checkbox"/> Next Day in AM, T+1;0300, Every AM 3 days		

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