UMC Health System						
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PE	EDIATRIC ANTICOAGULANT PLAN					
PHYSICIAN ORDERS						
Diagnos	is					
Weight	Allergies					
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orde	er detail box(es) where applicable.			
ORDER	ORDER DETAILS					
	Patient Care					
	Initiate Pediatric Anticoagulant Protoco (Initiate Pediatric Anticoagulant Protocol)					
	Communication					
	Notify Provider (Misc) Reason: Signs of Bleeding					
	Notify Nurse (DO NOT USE FOR MEDS) T;N, Obtain Anti Factor Xa 4 hours after heparin loading dose and 4 hours after every change in infusion rate					
	Notify Nurse (DO NOT USE FOR MEDS) T;N, If patient on LMWH at home, obtain Anti Factor Xa four hours after the second dose in hospital and any new regimen until 2 consecutive stabel therapeutic levels are reached					
	IV Solutions					
	Heparin Loading Dose = 75 units/kg IV over 10 minutes max: 5,000	units				
	Check Anti-Xa 4 hours after heparin loading dose and 4 hours after ex	very change in infusion rate				
	Loading Dose					
	heparin					
	☐ 75 units/kg, IVPush, inj, ONE TIME Recommended max dose is 5,000 units					
	Maintenance Dose					
	heparin 25,000 units/250 mL D5W					
	Adjust heparin infusion per Pediatric Anticoagulant Protocol					
	Start at rate: units/kg/hr					
	Medications					
	Medication sentences are per dose. You will need to calculate a tot	•				
	enoxaparin (enoxaparin for infants 1 month to LESS than 2 months of age)					
	L 1.5 mg/kg, subcut, syringe, q12h, Treatment					
	enoxaparin (enoxaparin for infants and children GREATER than or EQUAL to 2 months of age) 0.5 mg/kg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing 1 mg/kg, subcut, syringe, q12h, Treatment					
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PEDIATRIC ANTICOAGULANT PLAN 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 RORDE TABLES 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 RORDE TABLES Varianting 0 1 mg/kg. PO. tab. Daily 0 2 mg. PO. tab. Daily 2 mg. PO. tab. Daily 1 4 mg. PO. tab. Daily 2 mg. PO. tab. Daily 2 mg. PO. tab. Daily 3 mg. PO. tab. Daily 1 4 mg. PO. tab. Daily 3 mg. PO. tab. Daily 2 mg. PO. tab. Daily 3 mg. PO. tab. Daily 2 mg. PO. tab. Daily 3 mg. PO. tab. Daily 3 mg. PO. tab. Daily 3 mg. PO. tab. Daily 4 mg. PO. tab. Daily 3 mg. PO. tab. Daily 1 for neartain at home check mit-factor Xa 4 hours after the second dose in hospital and any new regimen unil 2 consecutive days then weekly. Artit Xa Level (Anti Factor Xa) 1 mg.	UMC Health System		Patient Label Here				
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ORDER ORDER DETAILS							
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Elborationv 'If on LMWH at home check anti-factor Xa 4 hours after the second dose in hospital and any new regimen unit 2 consecutive stable therapeutic levels are reached." Anti Xa Lovel (Anti Factor Xa) 'If on warfarin at home check INN within 24 hours of admission and Daily until theapeutic for 2 consecutive days then weeky." Hemoglobin and Hematocrit Platelet Count Prothrombin Time with INR PTT D Dimer HS 500 Fibringen Lovel Creatinine		🔲 4 mg, PO, tab, Daily	5 mg, PO, tab, Daily				
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