

UMC Health System POST ANEURYSM HEPARIN INFUSION PLAN	Patient Label Here
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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	
	Post Aneurysm Heparin Infusion Nomogram <input type="checkbox"/> ***See Reference Text***
Communication	
	Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> Obtain baseline anti-Xa level. Repeat anti-Xa 6 hours after starting the infusion, 6 hours after EACH rate change, and as further indicated on Post-Aneurysm Heparin Infusion Nomogram.
	Notify Provider (Misc) <input type="checkbox"/> Reason: If 2 consecutive anti-Xa levels are less than 0.1, greater than 0.3, or a single anti-Xa greater than 0.8
	Notify Provider (Misc) <input type="checkbox"/> Reason: If platelet count decreased by 50% of baseline or drops below 100,000 (100 K/uL), or Hemoglobin decreases by 2g/dL
	Notify Provider (Misc) <input type="checkbox"/> Reason: If signs of bleeding occur.
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	Medication Management <input type="checkbox"/> Post-aneurysm Heparin Infusion Plan, BID, Start date T;N Discontinue all other orders for heparin products (i.e. heparin subcutaneous, enoxaparin).
	No initial heparin load dose recommended. heparin 25,000 units/250 mL 1/2 NS <input type="checkbox"/> 250 mL final vol, IV Indication: Post- aneurysm low dose IV heparin. Begin 12 hours after post-aneurysm procedure. Goal dose is 12 units/kg/hr or 1, 800 units/hr while maintaining Anti-Xa between 0.1 and 0.3. Final concentration = 100 unit/mL. Refer to Post-aneurysm Heparin Infusion Nomogram for maintenance dose adjustments or contact provider if patient requires specific adjustments. If heparin is held for a procedure, heparin will be restarted at initiation rate unless otherwise directed by provider. <input type="checkbox"/> Start at rate: _____ units/kg/hr Indication: Post- aneurysm low dose IV heparin. Begin 12 hours after post-aneurysm procedure. Goal dose is 12 units/kg/hr or 1, 800 units/hr while maintaining Anti-Xa between 0.1 and 0.3. Final concentration = 100 unit/mL. Refer to Post-aneurysm Heparin Infusion Nomogram for maintenance dose adjustments or contact provider if patient requires specific adjustments. If heparin is held for a procedure, heparin will be restarted at initiation rate unless otherwise directed by provider.
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	

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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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
	CBC <input type="checkbox"/> Next Day in AM, T+1;0300, Every AM 3 days

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

