



NAME:
MRN:
NS:
AFFIX LABEL OR COMPLETE

HIGH-DOSE

Adult IV Heparin Nomogram Order Form

(Target aPTT 60-90 seconds)

Date:	Time:	Weight:	Allergies:
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INDICATION FOR IV HEPARIN	LABORATORY REQUIREMENTS
Select ONE of the following: <input type="checkbox"/> Deep Vein Thrombosis <input type="checkbox"/> Pulmonary Embolism <input type="checkbox"/> Mechanical Valve	<input checked="" type="checkbox"/> Obtain baseline CBC, INR, aPTT prior to initiation of IV heparin. <input checked="" type="checkbox"/> Obtain STAT aPTT in 6 hours after initiation of IV heparin. <input checked="" type="checkbox"/> Obtain STAT aPTT q6h after dose adjustment of IV heparin. <input checked="" type="checkbox"/> Once therapeutic aPTT levels are achieved (60 – 90 seconds) x 2 consecutive values, obtain aPTT q12 every day. <input checked="" type="checkbox"/> Obtain CBC daily. Screen for bleeding and decrease in platelets.

INITIAL ORDER for IV HEPARIN. Select ONE of the following:	
<input type="checkbox"/>	Resume IV Heparin Infusion for Patients Already Receiving IV Heparin Infusion: Heparin (25,000 Units/250 mL D5W) IV infusion at dose of _____ units/hour
<input type="checkbox"/>	Initiate IV Heparin Weight-Based Protocol for Patients NOT Already on IV Heparin Infusion: Heparin (25,000 Units/250 mL D5W) – Administer bolus and then start corresponding IV infusion.
Initial Bolus (Optional)	Initial Infusion Dose
80 units/kg - Round to closest 100 units - Maximum bolus dose of 10,000 units - Bolus dose administered over 3 minutes	18 units/kg/hr - Round to closest 50 units/hr - Maximum initial rate of 2,000 units/hr - Order defaults to a duration of 24 hours

<input checked="" type="checkbox"/> MAINTENANCE IV HEPARIN ORDERS: Adjust IV Dose Based on Subsequent aPTT As Per Table.							
aPTT (sec)	RE-BOLUS (Round to nearest 100 units)	Dosage Change	Dosage Change Based on Weight* (Round Doses to Nearest 50 units/hr)				NEXT aPTT After Change
			40-59 kg	60-69 kg	70-79 kg	>80 kg	
< 35	60 units/kg = ____ units	+ 3 units/kg/hr	↑ by 150 units/hr	↑ by 200 units/hr	↑ by 250 units/hr	↑ by 300 units/hr	6 hours
35-44	30 units/kg = ____ units	+ 2 units/kg/hr	↑ by 100 units/hr	↑ by 150 units/hr	↑ by 150 units/hr	↑ by 200 units/hr	6 hours
45-59	NONE	+ 2 units/kg/hr	↑ by 100 units/hr	↑ by 150 units/hr	↑ by 150 units/hr	↑ by 200 units/hr	6 hours
60-90 (Goal)	NONE	NO CHANGE	NO CHANGE				12 hours
91-99	NONE	- 2 units/kg/hr	↓ by 100 units/hr	↓ by 150 units/hr	↓ by 150 units/hr	↓ by 200 units/hr	6 hours
≥ 100	NONE	STOP x 1 hour; Restart at - 3 units/kg/hr	↓ by 150 units/hr	↓ by 200 units/hr	↓ by 250 units/hr	↓ by 300 units/hr	6 hours

*Maintenance rate of IV heparin may exceed the initial maximum rate of 1,000 units/hr to achieve therapeutic aPTT.

MD Name: _____

This Order is valid for 24 hours

MD Signature: _____

Nurse Signature: _____ Date/Time: _____

