OLIVE VIEW - UCLA MEDICAL CENTER

THIS IS NOT A NURSING STANDARDIZED PROTOCOL

| CHECK BO | • • • | FILL IN THE BLAN | NKS; CROSS OUT WHAT IS NOT APPLICABLE. | | | | |
|---|---|---|---|--|--|--|--|
| | Pulmonary Embolus | П | Acute Coronary Syndrome | | | | |
| | Deep Vein Thrombosis | | Myocardial Infarction (without thrombolytic) | | | | |
| | • | | Other | | | | |
| 2. Labor | atory: | | | | | | |
| | ☐ Baseline PT, INR, PTT and CBC now (if not done in past 24 hours) | | | | | | |
| ☑ CBC daily while on heparin | | | | | | | |
| | Z PTT 6 hours after IV loading dose | | | | | | |
| ☐ Stool for occult blood (frequency) | | | | | | | |
| 3. Patier | t Weight (actual) | kg | | | | | |
| 4. Initial | IV Heparin Dose: | | | | | | |
| | • . | , | units (<u>round to nearest 500 units</u>) | | | | |
| b. | IV Infusion: 12 units/kg per | hour by pump = | units/hour (<u>round to nearest 50 units</u>) | | | | |
| changes / rate to 650 6. NURS greater that | dose adjustments on a regular) units/hr." ES: Notify physician for heada an 180. If bleeding occurs, stop | r physician order sh nche, nausea/vomiti ncheparin infusion a | see. Review STEPS 1–3 and determine heparin adjustments. Write order sheet. Include the new rate desired, for example: "Decrease Heparin IV iting, hematuria, blood in stool, fall, bruising greater than 4cm, SBP and contact physician. patient is on heparin therapy. | | | | |
| Physician | Name (print) | | | | | | |
| Signature | | | PATIENT DATA - Imprint or Print Legibly | | | | |
| Date | | Time | Name: | | | | |
| Noted by | | Date | Time MRUN: | | | | |
| Transcrib | ed by | Date | | | | | |
| | | | Ward or Clinic: Req. Loc. Code: | | | | |
| | | | ney. Loc. Code. | | | | |



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PHYSICIAN GUIDELINES HEPARIN ADJUSTMENT TABLE

| PTT (seconds) | STEP 1 Action | <u>STEP 2</u> Dose Change (units/kg/hr) | STEP 3 Repeat PTT after dose change | | | |
|------------------|---|--|--|--|--|--|
| less than 35 | Bolus 60 units/kg (Max. 8,000 Units) | +4 units/kg/hr | 6 hours | | | |
| 35 to 53 | Bolus 30 units/kg (Max. 4,000 Units) | +2 units/kg/hr | 6 hours | | | |
| 54 to 57 | none | +2 units/kg/hr | 6 hours | | | |
| 58 to 75 | None | None | Need two consecutive therapeutic PTTs at 6 hour intervals, then every AM | | | |
| 76 to 90 | None | –2 units/kg/hr | 6 hours | | | |
| 91 to 119 | Hold 30 minutes | –2 units/kg/hr | 6 hours | | | |
| 120 to 139 | Hold 60 minutes | -3 units/kg/hr | 6 hours | | | |
| 140 to 200 | Hold 90 minutes | –3 units/kg/hr | 6 hours | | | |
| greater than 200 | Hold 120 minutes | –4 units/kg/hr | 6 hours | | | |