



RIVERSIDE MEDICAL CENTER
KANKAKEE, ILLINOIS

SELECTIVE ORDER
Heparin Protocol

- 1) Baseline CBC with differential, then every 3 days while on heparin
2) Baseline PT (INR) and PTT prior to heparin start
3) No Intramuscular injections
4) Notify physician for the following:
a) Baseline HCT less than 32
b) Significant decrease in HCT (decrease by more than 5%)
c) Platelet count less than 100,000
d) Other signs of bleeding
e) Notify Cardiovascular surgeon before initiating Heparin on ALL cardiac surgery patients

Dosing:

- 5) Patient weight \_\_\_\_\_ pounds \_\_\_\_\_ kilogram (Patient weight divided by 2.2 equals weight in kilograms)
Initial Heparin Bolus Intravenous \_\_\_\_\_ units (\_\_\_\_\_ weight in kilograms times \_\_\_\_\_ units equals \_\_\_\_\_ units of Heparin
Initial Heparin Intravenous Drip \_\_\_\_\_ units/hour (\_\_\_\_\_ weight in kilograms times \_\_\_\_\_ units divided by 100 equals milliliters/hour)

Table with 3 columns: Recommended Dosing, Cardiac Indications, DVT/PE Treatment. Rows include Bolus\*, Infusion Rate, and Max Rate.

- 6) PTT 6 hours after heparin bolus, then adjust per sliding scale

Heparin Sliding Scale

Table with 5 columns: PTT, Bolus Dose\*, Stop Drip, Rate Change, Repeat PTT. Rows show PTT ranges and corresponding actions.

\*No bolus on Cardiac Surgery patients unless approved by Cardiovascular Surgeon
For patients on TPA or Streptokinase, adjust heparin on 2nd day

- 7) Start Warfarin \_\_\_\_\_ milligram on \_\_\_\_\_ (Date) (If long term anticoagulant therapy is intended (ie: DVT/PE), start Warfarin on day 1), then follow Warfarin/Daily INR policy
8) When heparin is discontinued, discontinue CBC and PTT

Physician's Signature

Date/Time

Nurse's Signature

Date/Time

Revised/Reviewed: 7/10, 9/08, 7/08, 6/08, 2/06, 7/05, 11/04, 2/04

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