

HEPARIN- MEDICATION ADMINISTRATION RECORD
MAR 006 (09/02)

Diagnosis _____
 Surgical Procedure _____
 Orders _____
 Verified By _____
 Year _____

Report any suspected Adverse Drug Reaction by dialing 2880.

Date	Drip Rate	MEDICATION Dose - Route - Frequency	Hour	PARAM							
				PARAM	PARAM	PARAM	PARAM	PARAM	PARAM		
		IV Heparin Orders (25,000 units/ 250 ml D ₅ W)									
		Patient Weight _____ kg.									
		Initial Bolus _____ units	WL								
		Initial Rate _____ ml/hr									
		• PTT < 35 seconds	Time								
		<input type="checkbox"/> No Bolus	aPTT								
		<input type="checkbox"/> Heparin _____ units IV bolus (10,000 max)	Rebolus								
		Increase drip by _____ ml/hr	Rate								
			Initials								
		• PTT 35-50 seconds	Time								
		<input type="checkbox"/> No Bolus	aPTT								
		<input type="checkbox"/> Heparin _____ units IV bolus (5,000 max)	Rebolus								
		Increase drip by _____ ml/hr	Rate								
			Initials								
		• PTT 51-80 seconds	Time								
		No change	aPTT								
		• PTT 81-90 seconds	Rebolus								
		Decrease drip by _____ ml/hr	Rate								
			Initials								
		• PTT > 91 < 150 seconds	Time								
		Hold drip 1 hour	aPTT								
		Decrease drip by <u>-3</u> ml/hr	Rebolus								
			Rate								
			Initials								
		• PTT > 150 seconds	Time								
		Hold drip 2 hours	aPTT								
		Notify ordering physician	Rebolus								
		Decrease drip by _____ ml/hr	Rate								
			Initials								

Form in use	<input type="checkbox"/> DMR <input type="checkbox"/> Yes <input type="checkbox"/> No	INITIAL	SIGNATURE / TITLE	PRINT LAST NAME	INITIAL	SIGNATURE / TITLE	PRINT LAST NAME
Patient Name / Room #							