# Determine Dosing Weight

1. **Actual Body Weight (ABW)** _____________ lbs  
   Height _____________ ft _____________ inches  
   Weight in lbs ÷ 2.2 = _____________ kg  

2. **Calculate Ideal Body Weight (IBW)** using the number of inches above / below 5 feet. For example, if the patient's height is 4ft 5in, use "7" as the difference in inches. If the patient's height is 5ft 7in, use "7" as the difference in inches. If the patient's height is 6ft 2in, use "14" as the difference in inches.  
   - **MALE**: \[ 50kg + (2.3kg \times \text{# of inches > or < 5 feet}) \]  
   - **FEMALE**: \[ 45kg + (2.3kg \times \text{# of inches > or < 5 feet}) \]  
   - If > 5 ft = 50 kg + ________ kg  
   - If < 5 ft = 50 kg - ________ kg  
   - IBW = ________ kg  
   - IBW = ________ kg  

3. **Compare ABW__________ and IBW__________**: If ABW < IBW, use ABW as dosing weight.  

4. **If ABW > IBW**, use the following equation:  
   \[ \text{Dosing Weight} = \text{IBW} + 0.3 (\text{ABW} - \text{IBW}) \]  
   Subtract actual body weight with ideal body weight.  
   - = ________ kg + 0.3 ( ________ kg - ________ kg)  
   - = ________ kg + 0.3 ( ________ kg)  
   - = ________ kg + ________ kg  
   - = ________ kg Dosing Weight  

---

## Initial Bolus

1. **INITIAL BOLUS**: 75 units x _____________ Kg (dosing weight) = _____________ units.  
   Convert units to ml by dividing _____________ units by 1000ml = _____________ (round to nearest 10th of ml)  
   Actual Dosage rounded to nearest 10th of ml = _____________ ml  
   ________ Units Heparin Bolus Given  
   Time Given _____________

2. **HEPARIN INFUSION**: 20,000 units Heparin in 500ml Normal Saline.  
   This is equal to 40 units of Heparin per ml \((500 ÷ 20,000 = 40 \text{ units} / \text{ml})\)  
   Initial infusion: 18 units x _____________ kg (dosing weight) / hour  
   = _____________ units / hour  

3. Convert units of Heparin to ml/hr. Divide units/hr by 40 units/ml. This is your Initial Infusion Rate.  
   Initial Infusion Rate = ________ units / hour + 40 units / ml  
   Initial Infusion Rate = ________ ml / hr. (round to the nearest ml)

4. Calculate the ACTUAL UNITS of Heparin currently infusing by multiplying rate x 40 units / ml.  
   ________ (initial infusion rate) x 40 units / ml = ________________ ACTUAL UNITS

---

**Signatures / Date / Time**

<table>
<thead>
<tr>
<th>NURSE'S SIGNATURE / TITLE:</th>
<th>DATE / TIME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURSE'S SIGNATURE / TITLE:</td>
<td>DATE / TIME:</td>
</tr>
</tbody>
</table>

---

**Part of the Medical Record**
5. Order an APTT 6 hours after any dosage change. Adjust heparin infusion based on the sliding scale until APTT is within therapeutic range (71-130).

6. If clinical evidence of bleeding is present, hold heparin infusion and notify physician immediately. If the APTT is >160, withhold heparin drip for 1 hour, etc. (see table)

<table>
<thead>
<tr>
<th>APTT RESULT</th>
<th>INTERVENTION</th>
<th>ADJUSTED RATE</th>
<th>BOLUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 50</td>
<td>Give a bolus of 75 units/kg. Increase infusion by 4 units / kg / hour.</td>
<td>Current rate _______ Units / Hr ( + or - )</td>
<td>Units x Dosing Weight (kg)</td>
</tr>
<tr>
<td>50 - 70</td>
<td>Give a bolus of 40 units/kg. Increase infusion by 2 units / kg / hour.</td>
<td>= __________ Units / Hour</td>
<td>x _______ kg Dosing Weight</td>
</tr>
<tr>
<td>71 - 130</td>
<td>Therapeutic Range - NO CHANGE</td>
<td>= __________ Units / Hr Adjustment</td>
<td>= __________ Units / ml + 1000 ml</td>
</tr>
<tr>
<td>131-159</td>
<td>Decrease infusion rate by 2 units / kg / hour.</td>
<td>+ 40 units / ml = __________ ml / Hr</td>
<td>= _______ ml Bolus ( round to nearest 10th of ml)</td>
</tr>
<tr>
<td>160 - 199</td>
<td>Hold Heparin Infusion for 1 hour; then, decrease infusion rate by 2 units / kg / hour.</td>
<td>( round to nearest ml)</td>
<td></td>
</tr>
<tr>
<td>&gt; 200</td>
<td>Hold Heparin Infusion for 2 hours; call MD, decrease infusion rate by 4 units / kg / hour.</td>
<td>Actual dosage = __________ ml / Hr</td>
<td></td>
</tr>
</tbody>
</table>

**DATE / TIME OF DISCONTINUATION:**

**REASON FOR DISCONTINUATION:**

**ADDITIONAL COMMENTS:** (Please indicate episodes and treatment of major bleeding)