Intravenous Heparin Infusion Standard Orders

**LABS:** Draw baseline APTT, PT, CBC if not on record

- APTT timed stat 6 hours after heparin bolus, then
- Q day after 2 consecutive therapeutic APTT levels.
- CBC every 3 days
- PT q day (start on third day of Heparin Infusion)
- APTT 6 hours after any dosage change.

**Calculate Dosing Weight**

Give Heparin bolus of 75 units / kg Dosing Weight

\[ \text{Calculate Dosing Weight} \]

\[ \text{Give Heparin bolus of 75 units / kg Dosing Weight} \]

\[ = \text{__________________ units IV push} \]

Start Heparin infusion at 18 units / kg Dosing Weight / hour

\[ \text{Start Heparin infusion at 18 units / kg Dosing Weight / hour} \]

\[ = \text{__________________ units / hour or} \]

\[ = \text{__________________ ml / hour or} \]

Heparin mixture: 20,000 units of Heparin in 500 ml NS (40 units / ml)

Adjust Heparin infusion according to the following sliding scale

<table>
<thead>
<tr>
<th>APTT</th>
<th>HEPARIN INFUSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 50</td>
<td>Give a bolus of 75 units / kg. Increase infusion by 4 units / kg / hr</td>
</tr>
<tr>
<td>50 - 70</td>
<td>Give a bolus of 40 units / kg. Increase infusion by 2 units / kg / hr</td>
</tr>
<tr>
<td>71 - 130</td>
<td>Therapeutic Range - NO CHANGE</td>
</tr>
<tr>
<td>131 - 159</td>
<td>Decrease infusion rate by 2 units / kg / hr</td>
</tr>
<tr>
<td>&gt; 160</td>
<td>Hold infusion for 1 hour, then decrease by 2 units / kg / hr</td>
</tr>
<tr>
<td>&gt; 200</td>
<td>Hold infusion for 2 hours, call MD, decrease infusion by 4 units / kg / hr</td>
</tr>
</tbody>
</table>

If clinical evidence of bleeding is observed, hold Heparin and notify physician immediately.

**Doctor's Signature** _________________________________________________ MD

**Nurse's Signature / Title**__________________________________________________