

PHYSICIAN'S ORDER SHEET
ADULT HEPARIN WEIGHT-BASED ORDER FORM

90D

DATE / TIME:	ORDERS
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1. **HEPARIN DOSING WEIGHT* (in kilograms (kg))** = _____ kg
*If patient's actual weight is estimated to be greater than 120% of ideal body weight, see reverse side to calculate heparin dosing weight.

2. **INITIAL HEPARIN DOSE** (check ONE box for indication and fill in dose box):

Bolus _____ units
Initial Infusion Rate _____ units/hour (hr)

- Ischemic Stroke - **NO BOLUS**
 - No IV Bolus
 - IV Infusion 600 to 1,000 units/hr
- Acute Coronary Syndrome (ACS)

Non ST Elevation MI WITHOUT Glycoprotein 2b3a Inhibitor <ul style="list-style-type: none"> • IV Bolus 70 units/kg, maximum 5,000 units • IV Infusion 15 units/kg/hr, maximum initial rate 1,000 units/hr 	ST Elevation MI or ACS WITH Glycoprotein 2b3a Inhibitor <ul style="list-style-type: none"> • IV Bolus 60 units/kg, maximum 4,000 units • IV Infusion of 15 units/kg/hr, maximum initial rate 1,000 units/hr
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- Acute Venous Thromboembolism (VTE)--DVT or PE
 - IV Bolus 80 units/kg, maximum 9,000 units
 - IV Infusion 18 units/kg/hr, maximum initial rate of 2,000 units/hr
- Other Indications
 - IV Bolus 60 units/kg, not to exceed 5,000 units **OR** may omit bolus
 - IV Infusion 15 units/kg/hr, maximum initial rate 1,200 units/hr

3. **LABORATORY MONITORING (must complete lab order form)**

- (All PTT's should be ordered as medical emergency).
- Stool guaiac, hemogram with platelets and PTT prior to heparin start
 - Hemogram (CBC) with platelets daily
 - STAT PTT 6 hours after heparin bolus and 6 hours after any change in infusion rate
 - Daily PTT after 2 consecutive PTT's in therapeutic range

4. **HEPARIN INFUSION ADJUSTMENT SCALE** (check one box below)

- Ischemic Stroke Acute Coronary Syndromes (ACS) Acute VTE and All Other Indications

PTT(s)	BOLUS/HOLD INFUSION	DRIP RATE CHANGE	PTT(s)	BOLUS/HOLD INFUSION	DRIP RATE CHANGE	PTT(s)	BOLUS/HOLD INFUSION	DRIP RATE CHANGE
< 40	Notify Physician	Per Physician Order	< 40	3,000 unit Bolus Notify Physician	↑ by 80 units/hr	< 35	60 units/kg Bolus Notify Physician	↑ by 3 units/kg/hr
41-49	None	↑ by 120 units/hr	40-49	None	↑ by 40 units/hr	35-40	30 units/kg Bolus	↑ by 2 units/kg/hr
50-70	None	None	50-70	None	None	41-49	None	↑ by 2 units/kg/hr
71-85	None	↓ by 120 units/hr	71-85	None	↓ by 40 units/hr	50-80	None	None
> 85	Notify Physician	Per Physician Order	86-100	Stop Infusion 30 min Notify Physician	↓ by 80 units/hr	81-90	None	↓ by 2 units/kg/hr
			101-150	Stop Infusion 60 min Notify Physician	↓ by 120 units/hr	> 90	Stop infusion 60 min	↓ by 3 units/kg/hr
			> 150	Stop Infusion 60 min Notify Physician	↓ by 240 units/hr			

5. **NURSE ADJUSTED INFUSION RATE**

- Nurse to adjust heparin maintenance rate based on adjustment scale checked above.

Physician Signature: _____ ID #: _____
 Physician Printed Name: _____
 Nurse Signature: _____ ID #: _____

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1. Calculation for Heparin Dosing Weight if Actual (Total) Body Weight (TBW) > 120% of Ideal Weight

Ideal Body Weight (IBW)

- For Males (in kg) = $50 + (2.3) \times \text{inches} > 60$
- For Females (in kg) = $45 + (2.3 \times \text{inches} > 60)$

Dosing Weight (DW) = $IBW + 0.4 (TBW - IBW)$

KEY

kg	= Kilograms
hr	= Hour
IV	= Intravenous
ST	= ST segment on EKG
MI	= Myocardial Infarction
DVT	= Deep Vein Thrombosis
PE	= Pulmonary Embolism
PTT	= Partial Thromboplastin Time
>	= Greater Than
<	= Less Than
↑	= Increase
↓	= Decrease

