



PHYSICIAN'S ORDERS

See Master Allergy Sheet

ORDERED		Standing Orders For Heparin Protocol	TIME ORDER NOTED
Date	Time		
		Patient Weight _____ kg Thrombolytic given <input type="checkbox"/> yes <input type="checkbox"/> no	
		Indication:	
		<input type="checkbox"/> Deep veing thrombosis/Pulmonary embolism	
		Bolus: (80 units/kg) _____ units Drip: (18 units/kg/hr) _____ units	
		<input type="checkbox"/> Cerebrovascular event	
		Bolus: none Drip (18 units/kg/hr) _____ units	
		<input type="checkbox"/> Atrial fibrillation	
		Bolus: (80 units/kg) _____ units Drip: (18 units/kg/hr) _____ units	
		<input type="checkbox"/> Cardiovascular event	
		<input type="checkbox"/> STEMI/Fibrinolytic given	
		Bolus:(60units/kg- max 4000units) _____ units	
		Drip (12 units/kg/hr) _____ units	
		<input type="checkbox"/> NSTEMI	
		Bolus (60-70 units/kg max 5000 units) _____ units	
		Drip (12-15 units/kg/hr) _____ units	
		<u>For patients > 80 years old, decrease the initial bolus dose by 1/2 to 1/3</u>	
		Round bolus doses to the nearest 500 units. Round drip doses to the nearest 100 units	
		LAB	
		a) Baseline PTT, PT, CBC prior to administering heparin	
		b) Anti-Factor Xa 6 hours after start of heparin infusion	
		c) CBC every 2 days	
		d) Stool, urine, gums, checked daily for bleeding	
		Pharmacy to follow and adjust based on Anti-Factor XA levels	
		Physician Signature: _____	
		Date/Time: _____	

▼ Patient Label ▼



STANDING ORDERS FOR HEPARIN PROTOCOL