

FULL - INTENSITY for DVT / PE

Date	Full Intensity (Standard) DVT / PE Unfractionated Heparin Protocol																														
Time	(All orders with a <input type="checkbox"/> must be checked to activate. All orders with a <input checked="" type="checkbox"/> are activated.)																														
1. Orders to be followed for protocol:																															
a. Obtain baseline aPTT, PT, and CBC with platelet count prior to initiating heparin therapy.																															
b. Heparin dosing calculations:																															
i) Obtain patient's total body weight (TBW) = _____ kg.																															
ii) <i>If patient is greater than 125 kg please consult pharmacy for assistance with heparin dosing.</i>																															
c. Labs:																															
i) Obtain unfractionated heparin level every 6 hours after starting or changing rate of heparin infusion. When unfractionated heparin level is therapeutic for 2 consecutive lab draws, decrease unfractionated heparin level frequency to every AM.																															
ii) Obtain CBC with platelet count every day while receiving maintenance infusion of IV heparin																															
d. Notify physician if:																															
i) Platelet count decreases to less than 150,000 / mm ³ or by 50% from baseline.																															
ii) Patient requires greater than 48,000 units / day of IV heparin without reaching a therapeutic unfractionated heparin level.																															
e. Institute Bleeding Precautions.																															
f. Discontinue all previous orders for unfractionated heparin (excluding flushes), dalteparin, enoxaparin, fondaparinux argatroban, and/or lepirudin orders.																															
g. Dosing Recommendations																															
i) IV heparin bolus: Administer _____ units (80 units/kg using TBW). Round bolus to the nearest 100 units. Do not exceed 5,000 units if patient has received thrombolytic therapy within the past 24 hours.																															
Reason for protocol alteration:																															
ii) Maintenance Heparin Infusion (25,000 units/250 mL D5W): Administer _____ units/hr (18 units/kg/hr x _____ kg using TBW). Round maintenance heparin infusion rates to nearest 50 units/hr. Reason for protocol alteration:																															
iii) Maintain unfractionated heparin level of 0.3 - 0.7 units/mL.																															
iv) Adjust heparin infusion rate based on unfractionated heparin level using table below:																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Unfractionated heparin level (units/mL)</th> <th style="width: 25%;">Bolus Dose TBW</th> <th style="width: 25%;">Stop Infusion (min)</th> <th style="width: 25%;">Rate Change</th> </tr> </thead> <tbody> <tr> <td>less than 0.2</td> <td>80 units/kg</td> <td style="text-align: center;">-</td> <td>increase by 4 units/kg/hr</td> </tr> <tr> <td>0.2 - 0.29</td> <td>40 units/kg</td> <td style="text-align: center;">-</td> <td>increase by 2 units/kg/hr</td> </tr> <tr> <td>0.3 - 0.7</td> <td style="text-align: center;">No</td> <td style="text-align: center;">-</td> <td style="text-align: center;">No change</td> </tr> <tr> <td>0.71 - 0.8</td> <td style="text-align: center;">No</td> <td style="text-align: center;">-</td> <td>decrease by 1 unit/kg/hr</td> </tr> <tr> <td>0.81 - 0.9</td> <td style="text-align: center;">No</td> <td style="text-align: center;">30</td> <td>decrease 2 units/kg/hr</td> </tr> <tr> <td>greater than 0.91</td> <td style="text-align: center;">No</td> <td style="text-align: center;">60</td> <td>decrease by 3 units/kg/hr</td> </tr> </tbody> </table>				Unfractionated heparin level (units/mL)	Bolus Dose TBW	Stop Infusion (min)	Rate Change	less than 0.2	80 units/kg	-	increase by 4 units/kg/hr	0.2 - 0.29	40 units/kg	-	increase by 2 units/kg/hr	0.3 - 0.7	No	-	No change	0.71 - 0.8	No	-	decrease by 1 unit/kg/hr	0.81 - 0.9	No	30	decrease 2 units/kg/hr	greater than 0.91	No	60	decrease by 3 units/kg/hr
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TABLE CANNOT BE MODIFIED FOR ANY REASON.																															
MD Signature		MD #																													

Pharmacy Use Only:
031337-G-1

Shands

at
the University of Florida
Gainesville, Florida 32610



RX0001

Patient Name:

Patient Identification #:

Physician's Orders
(page 1 of 1)

Distribution: Medical Record – Be sure to fax to Pharmacy.

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