

HEPARIN PROTOCOL FOR CONTINUOUS IV THERAPY IN ESRD PATIENTS

INDICATION

- ___ 1. Deep vein thrombosis
- ___ 2. Pulmonary embolism
- ___ 3. Cerebrovascular event
- ___ 4. Atrial fibrillation
- ___ 5. Cardiovascular event

LAB

- a) Baseline Anti-Factor Xa, PTT, PT, CBC prior to administering Heparin
- b) Anti-Factor Xa 6 hrs after starting Heparin. After obtaining results, reorder Anti-Xa again in 6 hrs then Anti-Xa per dosing table.
- c) Daily Anti-Xa in AM until Hepairm D/C'd (schedule at least 6 hrs after any earlier Anti-Xa result)
- d) CBC every 2 days
- e) Stool, urine, gums, checked daily for bleeding

DOSAGE

Begin Heparin IV continuous infusion (25,000 units/500 ml D5W)
Give 40 units/kg bolus (based on the patient's actual body weight) and begin the infusion at 18 units/kg/hr

DOSAGE ADJUSTMENT

With each Anti-Xa result, adjust Heparin dose and reorder Anti-Xa based on dosing table below. Write changes on Physician order form (ie, Anti-Xa = XX, decrease Heparin to XXX u/hr, next Anti-Xa in 6 hrs at XXXX, per dosing table/protocol).

Anti-Factor Xa	ACTION	RATE CHANGE	REPEAT Anti-Xa
<0.1	Bolus of 40 units/kg	↑ by 4 units/kg/hr	6 hours after rate change
0.1 – 0.19	Bolus of 20 units/kg	↑ by 2 units/kg/hr	6 hours after rate change
0.2 – 0.29	_____	↑ by 1.5 units/kg/hr	6 hours after rate change
0.3 – 0.5	Therapeutic Range	No Change	Next AM labs
0.51 – 0.7	_____	↓ by 1.5 units/kg/hr	6 hours after rate change
0.71 – 0.8	_____	↓ by 2.5 units/kg/hr	6 hours after rate change
0.81 – 0.99	Hold infusion for 1 hour	↓ by 3 units/kg/hr	6 hours after rate change
≥1.0	Hold infusion for 1 hour	↓ by 5 units/kg/hr	6 hours after rate change