



**PHYSICIAN'S ORDERS**

See Master Allergy Sheet

ORDERED		Standing Orders For Heparin Protocol	TIME ORDER NOTED
Date	Time		
		<b>Guidelines for physician dosing:</b>	
		<b><u>For patients &gt; 80 years old, decrease the initial bolus dose by 1/2 to 1/3</u></b>	
		<b>Round bolus doses to the nearest 500 units. Round drip doses to the nearest 100 units</b> (Physician to decrease dose prior to filling in dosages. Nurse to administer dosage as ordered)	
		<b>Patient Weight</b> _____ kg <b>Thrombolytic given</b> <input type="checkbox"/> yes <input type="checkbox"/> no	
		<b>Indication:</b>	
		<input type="checkbox"/> <b>Deep vein thrombosis/Pulmonary embolism</b>	
		<b>Bolus:</b> (80 units/kg) _____ units <b>Drip:</b> (18 units/kg/hr) _____ units/hour	
		<input type="checkbox"/> <b>Cerebrovascular event</b>	
		<b>Bolus:</b> none <b>Drip:</b> (18 units/kg/hr) _____ units/hour	
		<input type="checkbox"/> <b>Atrial fibrillation</b>	
		<b>Bolus:</b> (80 units/kg) _____ units <b>Drip:</b> (18 units/kg/hr) _____ units/hour	
		<input type="checkbox"/> <b>Cardiovascular event</b>	
		<input type="checkbox"/> <b>STEMI/Fibrinolytic given</b>	
		<b>Bolus:</b> (60units/kg- max 4000units) _____ units	
		<b>Drip</b> (12 units/kg/hr) _____ units/hour	
		<input type="checkbox"/> <b>NSTEMI</b>	
		<b>Bolus</b> (60-70 units/kg max 5000 units) _____ units	
		<b>Drip</b> (12-15 units/kg/hr) _____ units/hour	
		<b>LAB</b>	
		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	
		<b>Pharmacy to follow and adjust based on Anti-Factor XA levels</b>	
		Physician Signature: _____ Date/Time: _____	

▼ Patient Label ▼



**STANDING ORDERS FOR HEPARIN PROTOCOL**