Your	
Hospital's	
Logo	
Here	RECORD

Your

	F	PATIENT IDENTIFICATION						
DETERMINE DOSING WEIGHT								
1. Actual Body Weight (ABW) lbs Weight in lbs ÷ 2.2 = kg	Height	ft	inches					
2. Calculate Ideal Body Weight (IBW) using the number patient's height is 4ft 5in, use "7" as the difference in in difference in inches. If the patient's height is 6ft 2in, us <u>MALE:</u> = 50kg + (2.3kg x # of inches > or < 5 feet) = 50kg + (2.3kg x inches) If > 5 ft = = 50 kg + kg or, if < 5 ft = = 50 kg kg IBW = kg	of inches above / beliches. If the patient's line "14" as the difference FEMALE: = 45 = 45 = 45 = 45 or, if < 5 ft = = 45 IBW =	ow 5 feet. For exam neight is 5ft 7in, us ce in inches. kg + (2.3kg x # of in kg + (2.3kg xkg kg +kg kgkg	mple, if the e "7" as the nches > or < 5 feet) inches)					
3. Compare ABW and IBW : If	ABW < IBW, use ABV	/ as dosing weight.						
4. If ABW > IBW, use the following equation Dosing Weight = IBW + 0.3 (ABW - IBW) Su = kg + 0.3 (k = kg + 0.3 (k = kg + kg = kg Dosing Weight	ubtract actual body we g kg) g)	ight with ideal body	/ weight.					
 INITIAL BOLUS: 75 units x Kg (dosi Convert units to ml by dividing units by 1 Actual Dosage rounded to nearest 10th of ml = Units Heparin Bolus Given Time Given 	ing weight) = 000ml = ml	units. (round to nearest 1	l0th of ml)					
 HEPARIN INFUSION: 20,000 units Heparin in 500m This is equal to 40 units of Heparin per ml (500 ÷ 20, Initial infusion: 18 units x kg (dosing weil = units / hour 	nl Normal Saline. 000 = 40 units / ml) ght) / hour							
 Convert units of Heparin to ml/hr. Divide units/hr by 4 Initial Infusion Rate = units / hour ÷ 40 ur Initial Infusion Rate = ml / hr. (round to read) 	0 units/ml. This is you nits / ml the nearest ml)	ur Initial Infusion Ra	ate.					
 Calculate the ACTUAL UNITS of Heparin currently information (initial infusion rate) x 40 units / ml = 	using by multiplying ra	ate x 40 units / ml. UNITS						
NURSE'S SIGNATURE / TITLE:	S / DATE / TIMI	DATE / TIME:						
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ANTI - COAGULATION RECORD				
APTT RESULT	HEPARIN INFUSION INTERVENTION			
< 50	Give a bolus of 75 units/kg. Increase infusion by 4 units / kg / hour.			
50 - 70	Give a bolus of 40 units/kg. Increase infusion by 2 units / kg / hour.			
71 - 130	Therapeutic Range - NO CHANGE			
131-159	Decrease infusion rate by 2 units / kg / hour.			
160 - 199	Hold Heparin Infusion for 1 hour; then, decrease infusion rate by 2 units / kg / hour.			
> 200	Hold Heparin Infusion for 2 hours; call MD, decrease infusion rate by 4 units / kg / hour.			

- 5. Order an APTT 6 hours after any dosage change. Adjust heparin infusion based on the sliding scale until APTT is within therapeutic range (71-130).
- 6. If clinical evidence of bleeding is present, hold heparin infusion and notify physician immediately. If the APTT is >160, withhold heparin drip for 1 hour, etc. (see table)

D A T E	T I M E	APTT Result / Time	INTERVENTION Increase (I) or Decrease Decrease (D) units x kg / hr dosing weight	ADJUSTED RATE = Current Rate (+ or -) New Rate	BOLUS Units x Dosing Weight (kg)	Time Drip Held	N T	
			(I or D) Units x kg Dosing Weight =Units / Hour Adjustment	Current rate Units / Hr (+ / -) Units / Hr Adjustment = Units / Hour ÷ 40 units / ml = ml / Hr (round to nearest ml) Actual dosage = ml / Hr Units Heparin / Hr	Units xkg Dosing Weight =Units / ml + 1000 ml =ml Bolus (round to nearest 10th of ml) Actual dosage =ml Units Heparin			
			(I or D) Units x kg Dosing Weight =Units / Hour Adjustment	Current rate Units / Hr (+ / -) Units / Hr Adjustment = Units / Hour ÷ 40 units / ml = ml / Hr (round to nearest ml) Actual dosage = ml / Hr Units Heparin / Hr	Units xkg Dosing Weight =Units / ml + 1000 ml =ml Bolus (round to nearest 10th of ml) Actual dosage =mlUnits Heparin			
			(I or D) Units x kg Dosing Weight =Units / Hour Adjustment	Current rate Units / Hr (+ / -) Units / Hr Adjustment = Units / Hour ÷ 40 units / ml = ml / Hr (round to nearest ml) Actual dosage =ml / Hr Units Heparin / Hr	Units xkg Dosing Weight =Units / ml + 1000 ml =ml Bolus (round to nearest 10th of ml) Actual dosage =ml Units Heparin			
DATE / TIME OF DISCONTINUATION:								
REASON FOR DISCONTINUATION:								
ADDITION/	AL COMMEI	NTS: (Pleas	e indicate episodes and treatmen	t of major bleeding)				

PART OF THE MEDICAL RECORD

Anti Coagulation Record_NURSING