Prohibited	Allowed
U, IU	Units
QD	Daily
QOD	Every other day or q48h
No leading zeros (.5 mg)	Leading zeros (0.5 mg)
Trailing zeros (5.0 mg)	No trailing zeros (5 mg)
MgSO4	Magnesium sulfate
MS, MSO4	Morphine sulfate
ALLERGIES:	

Patient Information
(Place PLUE label here)

PHARMACY STAT LABEL
OR
☐ Check for STAT

Check if: ☐ Patient is pregnant
☐ Patient is lactating

STANDARD HEPARIN ORDERS
DIAGNOSIS SPECIFIC HEPARIN WEIGHT BASED DOSING PROTOCOL
For Patients Requiring Anticoagulation

1. Obtain or Calculate the following and complete data:

a. Obtain patients Actual Height and Weight

b. Obtain Ideal Body Weight (IBW)*
(see reverse – male/female IBW tables)

c. Calculate Dosing Weight (DW)
DW = IBW + 0.3 [AW (kg) – IBW (kg)]

*If actual weight is less than IBW, use actual weight to calculate heparin

Height _____inches
Actual Weight _____(kg)
Ideal Weight _____(kg)

Gender ☐ Male ☐ Female

Dosing Weight _____(kg)

2. Obtain BASELINE CBC, Platelets, PT/INR, then daily x 3 days; PT/INR daily, thereafter. Obtain rectal heme prior to heparin. Obtain baseline PTT, then according to protocol.

CHECK INDICATION, Enter dosing weight, Loading and Maintenance dose in box below

3. Heparin Dosing (* Use Dosing Weight to calculate Heparin Dose)

Dosing Weight: _____(kg)

a. Loading Dose:
_____units
(round to nearest 100 units)

b. Maintenance Dose:
_____units/hr
(round to nearest 50 units)

c. Indication (must check column)

Heparin dosing guidelines

Check One (√)	Indication	Load	Infusion	Maximum initial infusion Dose
	Unstable angina/ NSTEMI **heparin alone**	60 units/ kg, 5000 Units MAX	12 units/ kg / hr	1,000 units/ hr
	Unstable angina/ NSTEMI with **IIb/IIIa Inhibitor** **(Aggrastat/ Integrilin/ Reopro)**	60 units/ kg, 5000 Units MAX	12 units/ kg/ hr	1,000 units/ hr
	ST elevation MI With Thrombolytic	60 units /kg 4000 Units MAX	12 units/ kg/ hr	1,000 units/ hr
	Standard Protocol (e.g. DVT/PE Atrial fibrillation Acute arterial ischemia)	80 units/ kg	15 units/ kg/ hr	As calculated

4. Nursing to adjust heparin according to dosing adjustment card to maintain PTT at therapeutic goal.
If a "tighter" therapeutic range is desired, Physician must order heparin IV separately at a fixed rate and monitor every 6 hours adjusting only when indicated by the physician.

a. Obtain PTT every 6 hours until 2 consecutive PTT's are therapeutic, then PTT daily

5. Notify physician:
- if PTT is greater than 112 seconds for more than 24 hours
- PTT remains less than 61 for more than 24 hours
- signs of bleeding

6. Warfarin (start day 1, if indicated) _____

PLEASE SCAN/FAX THIS FORM TO PHARMACY

Date/Time _____/_____

Physician _____

Print Name _____Beeper # _____

Revised 11/06