WEIGHT-BASED HEPARIN
INITIATION ORDER FORM
For New Starts – this order form is to be completed by PHYSICIAN.

PART A:
1. Laboratory Orders: PTT/PT and CBC now.
   CBC every three days.
   “Timed” PTT 6 hours after heparin started, then every 6 hours after any change
   until two consecutive therapeutic results have been obtained.
   PTT every morning once therapeutic while on heparin.
   PT every day (start on third day of heparin therapy).
2. Weigh patient before beginning heparin therapy.  Weight:_______lbs÷2.2=________kg
3. Warfarin dose to be started at least 6 hours after heparin drip started.
4. If heparin drip started after 1300, warfarin is to be given the following day.
5. Warfarin _______mg orally on ___________ (date) at 1300.
6. If any signs of bleeding or bruising occur, call physician immediately.
7. Start heparin therapy as indicated below.  Standard heparin drip is 25,000 units in 250ml of 0.45% sodium
   chloride (100 units/ml).

PART B:  INITIATION ORDERS (MUST SELECT ONE)

- Treatment of Venous Thromboembolism (DVT, PE)
  Heparin IV Bolus 80 units/kg = _______units (maximum 10,000 units) followed by
  Heparin IV Infusion 18 units/kg/hour = _______ units/hour (maximum 1,500 units/hour)

- Unstable Angina / Non-ST-Segment Elevation MI
  Heparin IV Bolus 70 units/kg = _______units (maximum 5,000 units) followed by
  Heparin IV Infusion 15 units/kg/hour = _______ units/hour (maximum 1,000 units/hour)

- ST-Segment Elevation Myocardial Infarction (with thrombolytic)
  Heparin IV Bolus 60 units/kg = _______units (maximum 4,000 units) followed by
  Heparin IV Infusion 12 units/kg/hour = _______ units/hour (maximum 1,000 units/hour)

- Other (per physician)
  Heparin IV Bolus = _______ units/kg  = _________units followed by
  Heparin IV Infusion = _______ units/kg/hour = __________units/hour

The following dosing scale to be followed by RN for each PTT result while patient on Weight-Based Heparin
Protocol (see Maintenance Order Form – RN to complete Maintenance Order Form after each PTT result &
forward copy to pharmacy).

<table>
<thead>
<tr>
<th>PTT (sec)</th>
<th>Action</th>
</tr>
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<tbody>
<tr>
<td>Less than 35</td>
<td>80 units/kg bolus &amp; Increase drip by 4 units/kg/hour**</td>
</tr>
<tr>
<td>35-45</td>
<td>40 units/kg bolus &amp; Increase drip by 2 units/kg/hour**</td>
</tr>
<tr>
<td>46-70</td>
<td><strong>No Change</strong>- If first therapeutic PTT, order another PTT in 6 hours.&lt;br&gt;  If second consecutive therapeutic PTT, order PTT daily.&lt;br&gt;  <strong>Order Form MUST Be Completed For “No Change” Orders.</strong></td>
</tr>
<tr>
<td>71-90</td>
<td>Reduce drip by 2 units/kg/hour**</td>
</tr>
<tr>
<td>91-120</td>
<td>Hold Heparin for one hour.  Restart Heparin &amp; reduce drip by 3 units/kg/hour**</td>
</tr>
<tr>
<td>Greater than 120</td>
<td>Hold Heparin for one hour.  Restart heparin &amp; reduce drip by 3 units/kg/hour.  Repeat PTT in 6 hours.  If at 6 hours, PTT is still greater than 120, hold heparin and call physician immediately for further orders.</td>
</tr>
</tbody>
</table>

** REPEAT PTT 6 HOURS AFTER ANY CHANGE IN RATE

Physician Signature ______________________________ Date _______________ Time ___________