



Physician's Orders Heparin Nomograms

All orders must be reviewed, completed and signed by the prescriber before they will be implemented.
To delete an order that does not have a "check box" preceding it the order must be stroked out and initialed. For orders where check boxes are provided, the prescriber indicates with a check mark to confirm the order; if left blank, the order will not be activated.

Allergies: ☐ YES ☐ NO (specify reaction):

1. Select nomogram according to desired PTT range. **Completely cross out nomogram that is not to be used!**
2. Standard heparin maintenance infusion concentration is 25,000 units in 250 mL Dextrose 5% in water (100 units/mL).

HIGH PTT aPTT 60 - 85 seconds (e.g. PE/DVT treatment)

PART A: For patients who need a loading dose and maintenance infusion.
1. Determine the loading dose and maintenance infusion rate by circling the row that includes the patient's actual weight. (Cross out loading dose if not required).

LOADING DOSE and MAINTENANCE INFUSION DETERMINATION			
Weight (kg)	Loading Dose (units)	Volume of heparin 5,000 units/0.5 mL	Maintenance Infusion rate (units/hr)
35-44.9	3000	0.3 mL	600
45-54.9	4000	0.4 mL	700
55-64.9	5000	0.5 mL	900
65-74.9	5500	0.55 mL	1000
75-84.9	6000	0.6 mL	1200
85-94.9	7000	0.7 mL	1300
95-109.9	8000	0.8 mL	1500
110 & over	9000	0.9 mL	1600

2. Administer determined loading dose (if ordered) and start maintenance infusion.
3. Obtain aPTT in 6 hrs and adjust maintenance infusion rate as indicated in PART B below.
4. Notify physician immediately if aPTT is greater than 150 seconds.

PART B: For patients who have recently or are currently receiving heparin.

1. Maintain current heparin infusion rate, obtain aPTT, and adjust rate as indicated.
2. For 5000 unit bolus use 0.5 mL; for 2500 units bolus use 0.25 mL of the heparin 10,000 units/mL supplied as 5000 units/0.5 mL.

HEPARIN MAINTENANCE INFUSION TITRATION TABLE				
aPTT (sec.)	Heparin Bolus	Hold Infusion	Rate Change (units/hr)	Repeat aPTT in:*
under 40	5000 units	NO	+ 200	6 hours
40-49.9	2500 units	NO	+ 200	6 hours
50-59.9	NO	NO	+ 100	6 hours
60-65.9	NO	NO	NO	next am
66-100.9	NO	NO	-100	6 hours
101-120.9	NO	30 min	-100	6 hours
121-150	NO	60 min	- 200	6 hours
Over 150	HOLD INFUSION and NOTIFY MD. Recheck aPTT q2H until less than 85. Contact MD regarding dose to restart. Consider decreasing rate by at least 300 units/hr.			

* Next aPTT calculated from time when new infusion rate started.

3. Record all adjustments in the rate according to the Heparin Dosing by Nomogram Policy in the Intravenous Drug Manual.

Date / Time: _____ Signature: _____ MD
Print Name: _____

Patient ID: _____

LOW PTT aPTT 45 - 60 seconds (e.g. Acute Coronary Syndrome)

PART A: For patients who need a loading dose and maintenance infusion.
1. Determine the loading dose and maintenance infusion rate by circling the row that includes the patient's actual weight. (Cross out loading dose if not required).

LOADING DOSE and MAINTENANCE INFUSION DETERMINATION			
Weight (kg)	Loading Dose (units)	Volume of Heparin 5,000 units/0.5 mL	Maintenance Infusion Rate (units/hr)
35-42.9	2500	0.25 mL	500
43-49.9	3000	0.3 mL	600
50-58.9	3500	0.35 mL	700
59-66.9	4000	0.4 mL	800
67-73.9	4500	0.45 mL	900
74 and over	5000	0.5 mL	1000

2. Administer determined loading dose and start maintenance infusion.
3. Obtain aPTT in 6 hrs and adjust maintenance infusion rate as indicated in PART B below.
4. Notify physician immediately if aPTT is greater than 150 seconds.

PART B: For patients who have recently or are currently receiving heparin.

1. Maintain current heparin infusion rate, obtain aPTT, and adjust rate as indicated.
2. For 2500 units bolus use 0.25 mL of the heparin 10,000 units/mL supplied as 5000 units/0.5 mL.

HEPARIN MAINTENANCE INFUSION TITRATION TABLE				
aPTT (sec.)	Heparin Bolus	Hold Infusion	Rate Change (units/hr)	Repeat aPTT in:
under 40	2500 units	NO	+ 200	6 hours
40-44.9	NO	NO	+ 100	6 hours
45-60.9	NO	NO	NO	next am
61-80.9	NO	NO	-100	6 hours
81-120.9	NO	60 min	-200	6 hours
121-150	NO	120 min	- 200	6 hours
Over 150	HOLD INFUSION and NOTIFY MD. Recheck aPTT q2H until less than 60. Contact MD regarding dose to restart. Consider decreasing rate by at least 300 units/hr.			

* Next aPTT calculated from time when new infusion rate started.

3. Record all adjustments in the rate according to the Heparin Dosing by Nomogram Policy in the Intravenous Drug Manual.

Date / Time: _____ Signature: _____ MD
Print Name: _____

Old Health Heparin Infusion

JA Banks



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Reichman's Emergency Medicine Procedures, 3rd Edition Eric F. Reichman, 2018-12-25 The most clear complete and easy to understand review of emergency medicine procedures enhanced by an animation library and more than 1 500 full color photographs Doody's Core Titles for 2021 Reichman's Emergency Medicine Procedures Third Edition is written to provide a detailed step by step approach to more than 200 procedures performed in an emergency or acute care setting This trusted classic will provide medical students residents advanced practice clinicians and the seasoned emergentologist with a reliable one stop procedural reference on which to base clinical practices and technical skills The Third Edition is enhanced by added chapters algorithms clinical pictures radiographs tables and coverage of cutting edge technological advancements Features Organized into 16 sections each representing an organ system an area of the body or a surgical specialty Each chapter is devoted to a single procedure Chapters have a similar format that encompasses Relevant anatomy and pathophysiology Indications and contraindications for the procedure Preparation for the patient including consent anesthesia and analgesia Step by step description of the procedure Cautions that indicate common problems Alternative techniques and helpful hints Aftercare and follow up Potential complications Summary of critical information More than 1 500 full color photographs Companion online library of animations demonstrates approximately 40 common or difficult procedures Includes both common and infrequently encountered procedures Important evidence based recommendations throughout Helpful pedagogy includes key information cautions and important facts highlighted in bold The techniques presented in this book will dramatically expand your understanding of emergency medicine procedures and most importantly your ability to deliver positive patient outcomes **The Medical Journal of Australia**, 1990 **Medical Journal of Australia**, 1990

Medical-Surgical Nursing - E-Book Donna D. Ignatavicius, M. Linda Workman, 2013-12-27 Using a uniquely collaborative and reader friendly approach expert authors Donna D Ignatavicius and M Linda Workman cover all the latest trends evidence based treatment guidelines and additional updated information needed for safe clinical practice in medical surgical nursing This seventh edition features an expanded emphasis on patient safety and NCLEX Examination preparation new ties to the QSEN priorities for patient safety and a greater alignment with the language and focus of clinical practice A new chapter on evidence based practice and a wealth of effective online learning tools help solidify your mastery of medical surgical nursing UNIQUE Collaborative approach presents all medical surgical nursing and other interventions through the lens of the nursing process Reader friendly direct writing style makes this one of the most readable medical surgical nursing textbooks available UNIQUE Cutting edge focus on the latest trends in nursing practice and nursing education prepares you for both today and tomorrow's nursing practice UNIQUE Integrated tools for NCLEX preparation get you ready for your licensure examination Chapter opening Learning Outcomes are linked to Self Assessment Questions for the NCLEX Examination on the Evolve website Unique chapter ending Get Ready for the NCLEX Examination sections include Key Points

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