

HARBOR-UCLA MEDICAL CENTER
CUSTOM LOW DOSE HEPARIN CONTINUOUS INFUSION (ADULT)
CRRT and Other Non-Standard Indication
PHYSICIAN ORDER FORM

Exclusion Criteria: Do not initiate protocol if one of the following criteria is present		Yes	No
1.	Candidate for Low Molecular Weight Heparin (LMWH) per guidelines	<input type="checkbox"/>	<input type="checkbox"/>
2.	Active bleeding	<input type="checkbox"/>	<input type="checkbox"/>
3.	Thrombocytopenia with a positive test of antiplatelet antibody	<input type="checkbox"/>	<input type="checkbox"/>
4.	History of heparin induced thrombocytopenia (HIT)	<input type="checkbox"/>	<input type="checkbox"/>
5.	Hypersensitivity to heparin or pork/beef products	<input type="checkbox"/>	<input type="checkbox"/>
Order Status: <input type="checkbox"/> New Order <input type="checkbox"/> Ongoing Therapy		Heparin concentration: 50 units /mL	

CHOOSE ONE: A), B), or C) AND Sub-Components 1) and 2)

<input type="checkbox"/> A) Continuous Renal Replacement Therapy (CRRT) - Goal aPTT = Less than 90 seconds		
1) <input type="checkbox"/> Initial IV Drip = 500 units/hour FIXED RATE <input type="checkbox"/> Initial IV Drip = _____ units/hour FIXED RATE (Initial infusion rate should not exceed 600 units/hour)	2) <input checked="" type="checkbox"/> No bolus	
aPTT Result (seconds)	Action	Next aPTT (STAT)
Less than or equal to 90	Continue the same infusion rate	Daily morning lab
Greater than 90	<u>Stop</u> infusion & contact physician	Repeat aPTT STAT

<input type="checkbox"/> B) LOW DOSE - GOAL Anti-Xa = 0.1 – 0.3 IU/mL		
1) <input type="checkbox"/> Initial IV Drip = 500 units/hour <input type="checkbox"/> Initial IV Drip = _____ units/hour (Initial infusion rate should not exceed 12 units/kg/hr)	2) <input type="checkbox"/> No bolus <input type="checkbox"/> Bolus Dose = _____ units IV x1 dose (Maximum bolus dose = 5,000 units)	
Anti-Xa Result (IU/mL)	Action	Next anti-Xa
Less than 0.1	Increase infusion rate by 100 units/hour (2 mL/hour)	6 hours (post rate change)
0.1-0.29	No change	Daily (Morning Lab)
Greater than 0.29	Stop infusion & contact physician STAT	Per Provider Order

<input type="checkbox"/> C) VERY LOW DOSE - GOAL Anti-Xa = < 0.1 IU/mL		
1) <input checked="" type="checkbox"/> Initial IV Drip = 500 units/hour FIXED RATE	2) <input checked="" type="checkbox"/> No bolus	
Anti-Xa Result (IU/mL)	Action	Next anti-Xa
Less than 0.1	No change	Daily (Morning Lab)
Greater than or equal to 0.1	Stop infusion & contact physician STAT	Per Provider Order

- ☒ Discontinue previous subcutaneous heparin, dalteparin, enoxaparin or fondaparinux orders.
- ☒ Start heparin drip immediately after baseline Anti-Xa / aPTT is drawn.

Laboratory Monitoring: (Process all Anti-Xa / aPTT as STAT labs)

- ☒ Baseline Anti-Xa / aPTT (prior to heparin infusion)
- ☒ Daily CBC and anti-Xa / aPTT for clinically stable patients

Provider Printed Last Name:																				
Provider Signature											ID:									
Date:			-			-					Time:		:							
RN Printed Last Name:																				
RN Signature:																				
Date:			-			-					Time:		:							
Clerk/LVN Signature:																				
Date:			-			-					Time:		:							

HEPARIN CONTINUOUS INFUSION Protocol (ADULT)/PHYSICIAN ORDER FORM
FILE IN MEDICAL RECORD