

HARBOR-UCLA MEDICAL CENTER
HEPARIN CONTINUOUS INFUSION PROTOCOL (PEDIATRIC) ORDER FORM
LOW INTENSITY for Patients with High Bleed Risk*

Exclusion Criteria: Do not initiate protocol if one of the following criteria is present		Yes	No
1. Active bleeding		<input type="checkbox"/>	<input type="checkbox"/>
2. Thrombocytopenia with a positive test of antiplatelet antibody		<input type="checkbox"/>	<input type="checkbox"/>
3. History of heparin induced thrombocytopenia (HIT)		<input type="checkbox"/>	<input type="checkbox"/>
4. Hypersensitivity to heparin or pork/beef products		<input type="checkbox"/>	<input type="checkbox"/>
Age		Recommended Initial Dosage for LOW INTENSITY Protocol	
<input type="checkbox"/> Less than 1 year	25 units/kg/hour continuous infusion		
<input type="checkbox"/> 1 to 12 year	17 units/kg/hour continuous infusion		
<input type="checkbox"/> Greater than 12 years	12-15 units/kg/hour continuous infusion		

***LOW INTENSITY** = high bleed risk; lower aPTT goal than **STANDARD** HEPARIN CONTINUOUS INFUSION PROTOCOL (PEDIATRIC) ORDER FORM.

NOTE: For acute thromboembolism, recommend use of **STANDARD** HEPARIN CONTINUOUS INFUSION PROTOCOL (PEDIATRIC) ORDER FORM, unless high bleed risk.

☒ Discontinue previous subcutaneous heparin or low molecular weight heparin orders.

☒ Start heparin drip immediately after baseline aPTT drawn

Heparin concentration: 50 units /mL

Heparin Dosage:

☐ New Order ☐ Ongoing Therapy

I.V. bolus: NONE

Infusion rate: _____ units/kg/hour X _____ kg = _____ units/hour

Laboratory Monitoring: (Process all aPTT as STAT labs and indicate patient is on heparin.)

☒ Baseline aPTT (prior to heparin infusion)

☒ Baseline CBC (if not obtained within 12 hours prior to heparin infusion)

☒ aPTT 4 hours after initiation of infusion and aPTT 4 hours after any infusion rate change (patients younger than 12 years of age)

☒ aPTT 6 hours after initiation of infusion and aPTT 6 hours after any infusion rate change (patients 12 years of age and older)

☒ Daily CBC and aPTT (when aPTT values are therapeutic for 2 consecutive samples) or ☐ **BID aPTT if this box is checked**

	For patients younger than 12 years of age		For patients older than 12 years of age	
aPTT (sec)	ACTION	Next aPTT (STAT)	ACTION	Next aPTT(STAT)
<75	INCREASE infusion rate 2 units/kg/hr	4 hrs (post rate change)	INCREASE infusion rate by 2 mL/hr (200 units/hr)	6 hrs (post rate change)
75-79.9	INCREASE infusion rate 1 unit/kg/hr	4 hrs (post rate change)	INCREASE infusion rate by 1 mL/hr (100 units/hr)	6 hrs (post rate change)
80-100 (Goal)	No change	Daily or BID (as ordered above)	No change	Daily or BID (as ordered above)
100.1-120	Stop infusion for 30 minutes and DECREASE infusion rate 2 units/kg/hr	4 hrs after restarting infusion at lower rate	Stop infusion for 60 minutes then restart infusion and DECREASE infusion rate by 1 mL/hr (100 units/hr)	6 hrs after restarting infusion at lower rate
> 120	Stop infusion for 60 minutes and DECREASE infusion rate 3 units/kg/hr	4 hrs after restarting infusion at lower rate	Stop infusion for 60 minutes then restart infusion and DECREASE infusion rate by 2.5 mL/hr (250 units/hr)	6 hrs after restarting infusion at lower rate

HEPARIN CONTINUOUS INFUSION PROTOCOL (PEDIATRIC)/PHYSICIAN ORDER FORM
FILE IN MEDICAL RECORD

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

HEPARIN CONTINUOUS INFUSION PROTOCOL: HI-RISK (PEDIATRIC) PHYSICIAN ORDER FORM
FILE IN MEDICAL RECORD

Form #P291 v.2020.01.17



