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ANTI - COAGULATION RECORD

PATIENT IDENTIFICATION

DETERMINE DOSING WEIGHT

- Actual Body Weight (ABW)** _____ lbs **Height** _____ ft _____ inches
Weight in lbs ÷ 2.2 = _____ kg
- Calculate Ideal Body Weight (IBW)** using the number of inches above / below 5 feet. For example, if the patient's height is 4ft 5in, use "7" as the difference in inches. If the patient's height is 5ft 7in, use "7" as the difference in inches. If the patient's height is 6ft 2in, use "14" as the difference in inches.

MALE: = 50kg + (2.3kg x # of inches > or < 5 feet)	FEMALE: = 45kg + (2.3kg x # of inches > or < 5 feet)
= 50kg + (2.3kg x _____ inches)	= 45kg + (2.3kg x _____ inches)
If > 5 ft = = 50 kg + _____ kg	If > 5 ft = = 45 kg + _____ kg
or, if < 5 ft = = 50 kg - _____ kg	or, if < 5 ft = = 45 kg - _____ kg
IBW = _____ kg	IBW = _____ kg
- Compare ABW** _____ **and IBW** _____ : If ABW < IBW, use ABW as dosing weight.
- If ABW > IBW**, use the following equation

Dosing Weight = IBW + 0.3 (ABW - IBW)	Subtract actual body weight with ideal body weight.
= _____ kg + 0.3 (_____ kg - _____ kg)	
= _____ kg + 0.3 (_____ kg)	
= _____ kg + _____ kg	
= _____ kg Dosing Weight	

- INITIAL BOLUS:** 75 units x _____ Kg (dosing weight) = _____ units.
Convert units to ml by dividing _____ units by 1000ml = _____ (round to nearest 10th of ml)
Actual Dosage rounded to nearest 10th of ml = _____ ml
_____ Units Heparin Bolus Given
Time Given _____
- HEPARIN INFUSION:** 20,000 units Heparin in 500ml Normal Saline.
This is equal to 40 units of Heparin per ml (500 ÷ 20,000 = 40 units / ml)
Initial infusion: 18 units x _____ kg (dosing weight) / hour
= _____ units / hour
- Convert units of Heparin to ml/hr. Divide units/hr by 40 units/ml. This is your Initial Infusion Rate.
Initial Infusion Rate = _____ units / hour ÷ 40 units / ml
Initial Infusion Rate = _____ ml / hr. (round to the nearest ml)
- Calculate the ACTUAL UNITS of Heparin currently infusing by multiplying rate x 40 units / ml.
_____ (initial infusion rate) x 40 units / ml = _____ ACTUAL UNITS

SIGNATURES / DATE / TIME

NURSE'S SIGNATURE / TITLE:	DATE / TIME:
NURSE'S SIGNATURE / TITLE:	DATE / TIME:

PART OF THE MEDICAL RECORD

ANTI - COAGULATION RECORD

APTT RESULT	HEPARIN INFUSION INTERVENTION
< 50	Give a bolus of 75 units/kg. Increase infusion by 4 units / kg / hour.
50 - 70	Give a bolus of 40 units/kg. Increase infusion by 2 units / kg / hour.
71 - 130	Therapeutic Range - NO CHANGE
131-159	Decrease infusion rate by 2 units / kg / hour.
160 - 199	Hold Heparin Infusion for 1 hour; then, decrease infusion rate by 2 units / kg / hour.
> 200	Hold Heparin Infusion for 2 hours; call MD, decrease infusion rate by 4 units / kg / hour.

5. Order an APTT 6 hours after any dosage change. Adjust heparin infusion based on the sliding scale until APTT is within therapeutic range (71-130).

6. If clinical evidence of bleeding is present, hold heparin infusion and notify physician immediately. If the APTT is >160, withhold heparin drip for 1 hour, etc. (see table)

DATE	TIME	APTT Result / Time	INTERVENTION Increase (I) or Decrease (D) units x kg / hr dosing weight	ADJUSTED RATE = Current Rate (+ or -) New Rate	BOLUS Units x Dosing Weight (kg)	Time Drip Held	INITIAL
			(I or D) _____ Units x _____ kg ^{Dosing Weight} = _____ Units / Hour Adjustment	Current rate _____ Units / Hr (+ / -) _____ Units / Hr Adjustment = _____ Units / Hour ÷ 40 units / ml = _____ ml / Hr (round to nearest ml) Actual dosage = _____ ml / Hr _____ Units Heparin / Hr	_____ Units x _____ kg ^{Dosing Weight} = _____ Units / ml ÷ 1000 ml = _____ ml Bolus (round to nearest 10th of ml) Actual dosage = _____ ml _____ Units Heparin		
			(I or D) _____ Units x _____ kg ^{Dosing Weight} = _____ Units / Hour Adjustment	Current rate _____ Units / Hr (+ / -) _____ Units / Hr Adjustment = _____ Units / Hour ÷ 40 units / ml = _____ ml / Hr (round to nearest ml) Actual dosage = _____ ml / Hr _____ Units Heparin / Hr	_____ Units x _____ kg ^{Dosing Weight} = _____ Units / ml ÷ 1000 ml = _____ ml Bolus (round to nearest 10th of ml) Actual dosage = _____ ml _____ Units Heparin		
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DATE / TIME OF DISCONTINUATION:

REASON FOR DISCONTINUATION:

ADDITIONAL COMMENTS: (Please indicate episodes and treatment of major bleeding)

PART OF THE MEDICAL RECORD