

Your
Hospital's
Logo
Here

PHYSICIAN'S ORDER SHEET

**ALL ORDERS WILL BE FULFILLED UNLESS CROSSED OUT
AFTER EACH ORDER IS PROPERLY CHECKED, FAX ORDER SHEET
TO PHARMACY WHETHER OR NOT ORDERS INVOLVE MEDICATION.**

PATIENT IDENTIFICATION	<input type="checkbox"/> Check (✓) Each Order As Transcribed	<input type="checkbox"/> Check (✓) Pharmacy Orders	Intravenous Heparin Infusion Standard Orders														
			DATE: _____ TIME: _____ (Military Time)														
			LABS: Draw baseline APTT, PT, CBC if not on record ↓ APTT timed stat 6 hours after heparin bolus, then ↓ Q day after 2 consecutive therapeutic APTT levels. ↓ CBC every 3 days ↓ PT q day (start on third day of Heparin Infusion) ↓ APTT 6 hours after any dosage change.														
			Calculate Dosing Weight														
			Give Heparin bolus of 75 units / kg Dosing Weight = _____ units IV push														
			Start Heparin infusion at 18 units / kg Dosing Weight / hour = _____ units / hour or = _____ ml / hour or Heparin mixture: 20,000 units of Heparin in 500 ml NS (40 units / ml)														
			Adjust Heparin infusion according to the following sliding scale <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;"><u>APTT</u></th> <th style="text-align: left;"><u>HEPARIN INFUSION</u></th> </tr> </thead> <tbody> <tr> <td>< 50</td> <td>Give a bolus of 75 units / kg. Increase infusion by 4 units / kg / hr</td> </tr> <tr> <td>50 - 70</td> <td>Give a bolus of 40 units / kg. Increase infusion by 2 units / kg / hr</td> </tr> <tr> <td>71 - 130</td> <td>Therapeutic Range - NO CHANGE</td> </tr> <tr> <td>131 - 159</td> <td>Decrease infusion rate by 2 units / kg / hr</td> </tr> <tr> <td>> 160</td> <td>Hold infusion for 1 hour, then decrease by 2 units / kg / hr</td> </tr> <tr> <td>> 200</td> <td>Hold infusion for 2 hours, call MD, decrease infusion by 4 units / kg / hr</td> </tr> </tbody> </table>	<u>APTT</u>	<u>HEPARIN INFUSION</u>	< 50	Give a bolus of 75 units / kg. Increase infusion by 4 units / kg / hr	50 - 70	Give a bolus of 40 units / kg. Increase infusion by 2 units / kg / hr	71 - 130	Therapeutic Range - NO CHANGE	131 - 159	Decrease infusion rate by 2 units / kg / hr	> 160	Hold infusion for 1 hour, then decrease by 2 units / kg / hr	> 200	Hold infusion for 2 hours, call MD, decrease infusion by 4 units / kg / hr
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		If clinical evidence of bleeding is observed, hold Heparin and notify physician immediately.															
	FAXED BY/TIME: _____	TIME NOTED: _____	Doctor's Signature _____ MD Nurse's Signature / Title _____														

Military Time > >

* See Reverse Side for ALTERNATIVE MEASURES

USE BALL POINT PEN ONLY - PRESS FIRMLY

PART OF THE MEDICAL RECORD