

**REMINDER: ALL MEDICATION ORDERS REQUIRE DOSE, ROUTE, FREQUENCY AND INDICATION
DO NOT USE ABBREVIATIONS**

DOCTORS ORDERS		CHECK OFF/ INITIALS
HEPARIN INDUCED THROMBOCYTOPENIA – ARGATROBAN - DR. AHMAD		
1. Discontinue all Heparin, Heparin flushes, and low molecular weight Heparin		
2. Before starting Argatroban, draw CBC, diff, platelet, PT, APTT		
3. Make calculations based on total body weight of _____KG		
4. Argatroban Infusion: _____ Standard concentration is 1mg/mL in 0.9% Sodium Chloride _____ Start Intravenous drip at 0.12mg/kg/hour = _____ mL/hour		
5. Check initial APTT stat in 2 hours. The goal is to obtain an APTT in the 43-73 _____ second range.		
6. Argatroban drip adjustments to be made per the dose adjustment chart below.		
APTT less than 43	Increase infusion by 0.03mg/kg/hour = _mL/hour. (Add this amount to the previous rate)	
APTT 43-73	APTT GOAL: No change in infusion	
APTT greater than 73	Reduce the infusion by 0.03mg/kg/hour = _____mL/hour (subtract this amount from the previous rate)	
7. Discontinue all previous APTT orders. APTT 2 hours after any change in Argatroban.		
8. Repeat APTT every 2 hours until in GOAL range x 2 consecutively, then APTT every AM while on Intravenous Argatroban		
9. Do not start Warfarin (Coumadin®) if the patient will be undergoing any procedure.		
10. Argatroban increases the PT and INR and co-administration of Argatroban and Warfarin (Coumadin®) increases the INR beyond that produced by Warfarin (Coumadin®) alone. Begin Warfarin (Coumadin®) at 5 mg/day when the platelet counts increase on three consecutive days and there is no evidence of continuing thromboembolism).		
11. For infusions of 0.12mg/kg/hour or less, begin Warfarin (Coumadin®) at 5mg/day and recheck the INR daily. When the INR is greater than 4 on both Argatroban and Warfarin (Coumadin®), stop the Argatroban. Repeat the INR in 4 to 6 hours. If the INR is below the desired therapeutic range, restart the Argatroban infusion and repeat the procedure daily until the desired therapeutic range on Warfarin (Coumadin®) alone is reached.		
12. For infusion over 0.12mg/kg/hour, the interaction between Warfarin (Coumadin®) and Argatroban is inconsistent. In this case, temporarily reduce the Argatroban infusion to 0.12mg/kg/hour and check the INR 4 –6 hours after reducing the Argatroban dose. Proceed as outlined in 11 above.)		
13. For patients with renal impairment, no dose modification is necessary. For patients with hepatic impairment, consult hematology.		
Physician/Date/Time:	Nurse/Date/Time:	Secretary/Date/Time:

Full page of orders requires only one physician, one nurse and one clerical signature



Original to Patient's Chart

Fax to Pharmacy