

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

DOCTORS ORDERS				CHECK OFF/ INITIALS
HEPARIN INDUCED THROMBOCYTOPENIA LEPIRUDIN(REFLUDAN®) TO WARFARIN (COUMADIN®) PROTOCOL				
Discontinue all Heparin therapy including flushes and Heparin coated catheters				
Calculate APTT ratio (APTT post Heparin/median reference lab value) ***DO NOT begin Lepirudin (Refludan®) therapy if APTT ratio greater than 2.5***				
Determine baseline CrCl and Serum Creatinine				
<input type="checkbox"/> Begin Lepirudin (Refludan®) bolus infusion at 0.4 mg/kg over 15-20 seconds <input type="checkbox"/> Begin Lepirudin (Refludan®) infusion at 0.15 mg/kg/hour immediately after bolus <input type="checkbox"/> Patients greater than 110kg receive the 110kg dose (maximum=16.5mg/hour) <input type="checkbox"/> Continue infusion for ____ days (generally 2-10 days)				
APTT 4 hours post initiation of Lepirudin (Refludan®) therapy and titrate to 1.5-2.5 times baseline <input type="checkbox"/> APTT ratio greater than 2.5: STOP INFUSION for 2 hours, restart infusion at 50% of previous infusion rate. Re-determine APTT ratio 4 hours post restart <input type="checkbox"/> APTT ratio less than 1.5: increase infusion rate at 20% intervals, re-determining APTT ratio 4 hours after each dosage change **** DO NOT exceed 0.21mg/kg/hour infusion rate****				
Obtain DAILY APTT values For patients with hepatic failure monitor APTT twice daily Maintain combination therapy for a minimum of 3 days Initiate Warfarin (Coumadin®) at ____mg tonight when platelets normalize Pharmacy consult for Warfarin (Coumadin®) therapy				
Renal Impairment		Adjusted infusion rate		
CrCl (mL/min)	Serum Creatinine (mg/dL)	% of standard initial infusion rate	Rate (mg/kg/hour)	
45-60	1.6-2	50%	0.075	
30-44	2.1-3	30%	0.045	
15-29	3.1-6	15%	0.0225	
Below 15*	Above 6*	Avoid or Stop Infusion*		
*Intravenous bolus doses of 0.1mg/kg may be considered every other day if APTT ratio falls below 1.5				

Physician/Date/Time:	Nurse/Date/Time:	Secretary/Date/Time:
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Full page of orders requires only one physician, one nurse and one clerical signature

