

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

<b>DOCTORS ORDERS WEIGHT BASED HEPARIN DOSING NOMOGRAM</b>	<b>CHECK OFF/ INITIALS</b>																														
1. Start Warfarin (Coumadin®) on day _____ ( <b>Physician order to follow</b> ). If not ordered by day 2, notify physician. INR daily once Warfarin (Coumadin®) started.																															
2. Weight patient (kg). Weight _____ kg.																															
3. Draw APTT, INR and CBC, unless previously drawn.																															
4. Give Intravenous Heparin bolus (80 units/kg) <ul style="list-style-type: none"> <li>• Bolus dose _____ units. (<i>rounded to the nearest 100 units</i>)</li> <li>• <b>Standard concentration is 5,000 units /ml</b></li> </ul>																															
5. Start Intravenous Heparin drip at 18 units /kg /hr: <ul style="list-style-type: none"> <li>• Initial Intravenous dose = _____ weight (kg) x 18 units = _____ units /hour. (<i>Initial maintenance dose rounded to the nearest 100 units</i>)</li> <li>• <i>Obtain 250mL pre-mixed bag in standard concentration of 100 units/mL of 0.45 % Sodium Chloride from pharmacy.</i></li> </ul>																															
6. Draw a STAT APTT every 6 hours and after any rate change or bolus, <i>until 2 consecutive APTT's are therapeutic (55-85)</i> , then draw APTT every morning.																															
7. Using APTT results, follow sliding scale:																															
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 5px;">APTT</th> <th style="padding: 5px;">BOLUS</th> <th style="padding: 5px;">HOLD INFUSION (minutes)</th> <th style="padding: 5px;">RATE CHANGE</th> <th style="padding: 5px;">REPEAT APTT</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">&lt; 45</td> <td style="padding: 5px;">70 units/kg</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">+4 units/kg/hr</td> <td style="padding: 5px;">6 hours</td> </tr> <tr> <td style="padding: 5px;">45-54</td> <td style="padding: 5px;">35 units/kg</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">+2 units/kg/hr</td> <td style="padding: 5px;">6 hours</td> </tr> <tr> <td style="padding: 5px;">55-85</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">next AM</td> </tr> <tr> <td style="padding: 5px;">86-112</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">-2 units/kg/hr</td> <td style="padding: 5px;">6 hours</td> </tr> <tr> <td style="padding: 5px;">&gt; 112</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">60</td> <td style="padding: 5px;">-3 units/kg/hr</td> <td style="padding: 5px;">6 hours</td> </tr> </tbody> </table>	APTT	BOLUS	HOLD INFUSION (minutes)	RATE CHANGE	REPEAT APTT	< 45	70 units/kg	0	+4 units/kg/hr	6 hours	45-54	35 units/kg	0	+2 units/kg/hr	6 hours	55-85	0	0	0	next AM	86-112	0	0	-2 units/kg/hr	6 hours	> 112	0	60	-3 units/kg/hr	6 hours	
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8. Platelet count every 3 days while on Heparin. Call physician if platelet count less than 100,000.																															
<b>Physician/Date/Time:</b>	<b>Nurse/Date/Time:</b>	<b>Secretary/Date/Time:</b>																													

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

Original to Patient's Chart

Fax to Pharmacy

