



Physician's Orders Heparin Nomograms

All orders must be reviewed, completed and signed by the prescriber before they will be implemented.
To delete an order that does not have a "check box" preceding it the order must be stroked out and initialed. For orders where check boxes are provided, the prescriber indicates with a check mark to confirm the order; if left blank, the order will not be activated.

Allergies: ☐ YES ☐ NO (specify reaction):

1. Select nomogram according to desired PTT range. **Completely cross out nomogram that is not to be used!**
2. Standard heparin maintenance infusion concentration is 25,000 units in 250 mL Dextrose 5% in water (100 units/mL).

HIGH PTT aPTT 60 - 85 seconds (e.g. PE/DVT treatment)

PART A: For patients who need a loading dose and maintenance infusion.
1. Determine the loading dose and maintenance infusion rate by circling the row that includes the patient's actual weight. (Cross out loading dose if not required).

LOADING DOSE and MAINTENANCE INFUSION DETERMINATION			
Weight (kg)	Loading Dose (units)	Volume of heparin 5,000 units/0.5 mL	Maintenance Infusion rate (units/hr)
35-44.9	3000	0.3 mL	600
45-54.9	4000	0.4 mL	700
55-64.9	5000	0.5 mL	900
65-74.9	5500	0.55 mL	1000
75-84.9	6000	0.6 mL	1200
85-94.9	7000	0.7 mL	1300
95-109.9	8000	0.8 mL	1500
110 & over	9000	0.9 mL	1600

2. Administer determined loading dose (if ordered) and start maintenance infusion.
3. Obtain aPTT in 6 hrs and adjust maintenance infusion rate as indicated in PART B below.
4. Notify physician immediately if aPTT is greater than 150 seconds.

PART B: For patients who have recently or are currently receiving heparin.

1. Maintain current heparin infusion rate, obtain aPTT, and adjust rate as indicated.
2. For 5000 unit bolus use 0.5 mL; for 2500 units bolus use 0.25 mL of the heparin 10,000 units/mL supplied as 5000 units/0.5 mL.

HEPARIN MAINTENANCE INFUSION TITRATION TABLE				
aPTT (sec.)	Heparin Bolus	Hold Infusion	Rate Change (units/hr)	Repeat aPTT in:*
under 40	5000 units	NO	+ 200	6 hours
40-49.9	2500 units	NO	+ 200	6 hours
50-59.9	NO	NO	+ 100	6 hours
60-65.9	NO	NO	NO	next am
66-100.9	NO	NO	-100	6 hours
101-120.9	NO	30 min	-100	6 hours
121-150	NO	60 min	- 200	6 hours
Over 150	HOLD INFUSION and NOTIFY MD. Recheck aPTT q2H until less than 85. Contact MD regarding dose to restart. Consider decreasing rate by at least 300 units/hr.			

* Next aPTT calculated from time when new infusion rate started.

3. Record all adjustments in the rate according to the Heparin Dosing by Nomogram Policy in the Intravenous Drug Manual.

Date / Time: _____ Signature: _____ MD

Print Name: _____

Patient ID

LOW PTT aPTT 45 - 60 seconds (e.g. Acute Coronary Syndrome)

PART A: For patients who need a loading dose and maintenance infusion.
1. Determine the loading dose and maintenance infusion rate by circling the row that includes the patient's actual weight. (Cross out loading dose if not required).

LOADING DOSE and MAINTENANCE INFUSION DETERMINATION			
Weight (kg)	Loading Dose (units)	Volume of Heparin 5,000 units/0.5 mL	Maintenance Infusion Rate (units/hr)
35-42.9	2500	0.25 mL	500
43-49.9	3000	0.3 mL	600
50-59.9	3500	0.35 mL	700
60-66.9	4000	0.4 mL	800
67-73.9	4500	0.45 mL	900
74 and over	5000	0.5 mL	1000

2. Administer determined loading dose and start maintenance infusion.
3. Obtain aPTT in 6 hrs and adjust maintenance infusion rate as indicated in PART B below.
4. Notify physician immediately if aPTT is greater than 150 seconds.

PART B: For patients who have recently or are currently receiving heparin.

1. Maintain current heparin infusion rate, obtain aPTT, and adjust rate as indicated.
2. For 2500 units bolus use 0.25 mL of the heparin 10,000 units/mL supplied as 5000 units/0.5 mL.

HEPARIN MAINTENANCE INFUSION TITRATION TABLE				
aPTT (sec.)	Heparin Bolus	Hold Infusion	Rate Change (units/hr)	Repeat aPTT in:
under 40	2500 units	NO	+ 200	6 hours
40-44.9	NO	NO	+ 100	6 hours
45-60.9	NO	NO	NO	next am
61-80.9	NO	NO	-100	6 hours
81-120.9	NO	60 min	-200	6 hours
121-150	NO	120 min	- 200	6 hours
Over 150	HOLD INFUSION and NOTIFY MD. Recheck aPTT q2H until less than 60. Contact MD regarding dose to restart. Consider decreasing rate by at least 300 units/hr.			

* Next aPTT calculated from time when new infusion rate started.

3. Record all adjustments in the rate according to the Heparin Dosing by Nomogram Policy in the Intravenous Drug Manual.

Date / Time: _____ Signature: _____ MD

Print Name: _____

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Jianjun Gao



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Table of Contents Heparin Infusion Qld Health Form

1. Understanding the eBook Heparin Infusion Qld Health Form
 - The Rise of Digital Reading Heparin Infusion Qld Health Form
 - Advantages of eBooks Over Traditional Books
2. Identifying Heparin Infusion Qld Health Form
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Heparin Infusion Qld Health Form
 - User-Friendly Interface
4. Exploring eBook Recommendations from Heparin Infusion Qld Health Form
 - Personalized Recommendations

- Heparin Infusion Qld Health Form User Reviews and Ratings
- Heparin Infusion Qld Health Form and Bestseller Lists
- 5. Accessing Heparin Infusion Qld Health Form Free and Paid eBooks
 - Heparin Infusion Qld Health Form Public Domain eBooks
 - Heparin Infusion Qld Health Form eBook Subscription Services
 - Heparin Infusion Qld Health Form Budget-Friendly Options
- 6. Navigating Heparin Infusion Qld Health Form eBook Formats
 - ePub, PDF, MOBI, and More
 - Heparin Infusion Qld Health Form Compatibility with Devices
 - Heparin Infusion Qld Health Form Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Heparin Infusion Qld Health Form
 - Highlighting and Note-Taking Heparin Infusion Qld Health Form
 - Interactive Elements Heparin Infusion Qld Health Form
- 8. Staying Engaged with Heparin Infusion Qld Health Form
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Heparin Infusion Qld Health Form
- 9. Balancing eBooks and Physical Books Heparin Infusion Qld Health Form
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Heparin Infusion Qld Health Form
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Heparin Infusion Qld Health Form
 - Setting Reading Goals Heparin Infusion Qld Health Form
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Heparin Infusion Qld Health Form
 - Fact-Checking eBook Content of Heparin Infusion Qld Health Form

- Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
- 14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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