

## COHESIVE HEALTHCARE MANAGEMENT & CONSULTING Mangum Regional Medical Center

| TITLE POLICY                                |                                |             | POLICY  |
|---|--------------------------------|-------------|---------|
| Heparin Standard Dose Protocol – DVT and PE |                                |             | DRP-008 |
| Manual                                      | EFFECTIVE DATE                 | REVIEW DATE |         |
| Drug Room                                   | 10-1-2020                      | 10-1-2020   |         |
| DEPARTMENT                                  | REFERENCE                      |             |         |
| Drug Room                                   | https://www.accessdata.fda.gov |             |         |

## **SCOPE**

This policy applies to all adult patients receiving care and treatment at Mangum Regional Medical Center.

## **PURPOSE**

This protocol applies to adult patients at Mangum Regional Medical Center receiving standard dose heparin intravenous (IV) therapy for Deep Venous Embolism and Pulmonary Embolism.

## **PROCEDURE**

| Nu | rsin | g Orders:  |
|----|------|--|
|    |      | Weigh patient STAT. Actual body weight kg  |
|    |      | Determine Ideal Body Weight kg   |
|    |      | Determine Adjusted Body weight kg  |
|    |      | Determine Heparin Dosing Weight (DW): dose using adjusted body weight if Actual  |
|    |      | Body Weight/Ideal Body Weight is greater than 1.2. DW kg   |
| Μŧ | edic | ations:  |
|    |      | parin Sodium units IV bolus STAT ( mL of 10,000 unit/mL vial). lus dose based on Heparin 80 units/kg x Dosing Weight ( <b>Maximum of 5,000 units</b> )               |
|    | (    | parin Sodium 25,000 units in D5W 500mL (50 units/mL) at units/hour mL/hour) begin now.  parin 18 units/kg-hour x DW (Maximum of 1,000 units/hr initially) units/hour |
|    |      | - · · · · · · · · · · · · · · · · · · ·  |

| La         | bs:  |
|------------|--|
|            | CBC – STAT   |
|            | CMP -STAT  |
|            | PT/INR - STAT  |
|            | PTT - STAT   |
|            | PTT every 6 hours after initiation and after every Heparin rate change   |
|            |  |
|            | CBC every other day while on Heparin Drip  |
|            | GUAIAC stool as needed   |
| M          | onitoring Parameters:  |
|            | Draw blood for PTT from arm that doesn't have heparin infusion. Do not draw from heparin-flushed lines.  |
|            | If there is no other access other than the heparin line, then <b>stop</b> the heparin, flush the line, aspirate 10 mL of blood to waste, and then re-flush the line prior to drawing a specimen. |
|            | Do not interrupt heparin infusion unless ordered.  |
|            | Contact medical provider if platelet count is less than 150,000 microliter or a 50% drop from baseline; hematoma, bleeding or suspected bleeding occurs.   |
| RI         | EFERENCES  |
| <u>htt</u> | ps://www.accessdata.fda.gov/drugsatfda_docs/label/2017/017029s140lbl.pdf   |
| ΑΊ         | TTACHMENTS   |
| No         | one.   |
| RF         | EVISIONS/UPDATES   |
|            | eate Brief Description of Revision/Change  |