



Intravenous Low Intensity Heparin Therapy for Cardiology

Cardiology Indications: Atrial fibrillation, Acute Myocardial Infarction and Unstable Angina

Labs and tests:

- CBC, PT, PTT
- Electrolytes, BUN/Creat.
- PTT 6 hours after Heparin is instituted
- PTT per heparin protocol
- CBC Every other day while on heparin
- PTT daily once heparin dose stable, for the duration of Heparin infusion

Heparin Dosing

Patient Actual Body Weight: _____kg

Round rate up to the nearest 50 units

Cardiology:

Heparin bolus _____units IV now x1 (usual dose 70 units/kg)

Maximum Initial bolus = 5,000 units, followed by continuous infusion

Heparin 25,000 units/500 ml D5W IV _____units/kg/hour (usual dose 12 units/kg/hour)

Max. Initial Rate of infusion = 1,500 units/hr

Note: For patients undergoing PTCA and receiving GP 2b3a inhibitors: bolus 70 units/kg and give additional boluses to keep ACT > 200 sec.

CARDIOLOGY NOMOGRAM FOR HEPARIN DOSE ADJUSTMENT:

Target aPTT: 50-70 secs

<u>aPTT(secs)</u>	<u>Bolus</u>	<u>Hold infusion</u>	<u>Rate of Infusion (units/kg/hr)</u>	<u>Check aPTT in (hr)</u>
≤ 30	* 30 units/kg	--	inc. 3	6
31-39	* 20 "	--	inc. 2	6
40-49	--	--	inc. 1	6
50-70	--	--	---	Next AM
71-85	--	--	dec. 1	6
86-100	--	--	dec. 2	6
> 100	--	hold 1 hr	dec. 3	6

* Maximum titration bolus = 3,750 units

RN to document rate changes

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