

PROTOCOL FOR: Integrilin (Eptifibatide) Infusion

- POLICY:
1. The drug will be given as a bolus dose, followed by a time limited infusion
 2. Patient must be on a cardiac monitor during infusion.
 3. Continue therapy as ordered until one of the following outcomes present: 1) Post-PCI minimally 12 hours, up to 18-24 hours, 2) until hospital discharge, up to 72 hours, or 3) initiation of CABG surgery, or 4) condition indicates discontinuing drug per physician discretion.
 4. Because Integrilin increases the risks of bleeding, it is contraindicated in the following clinical situations:
 - a. History of bleeding diathesis or active abnormal bleeding within the previous 30 days.
 - b. Severe uncontrolled hypertension (systolic \geq 180 to 200 mm Hg or diastolic \geq 100 mm Hg).
 - c. Major surgery within the preceding 6 weeks.
 - d. History of stroke within 30 days or any history of hemorrhagic stroke.
 - e. Current or planned administration of another GP IIb-IIIa inhibitor.
 - f. Platelet count < 100,000 mm.
 - g. Dependency on renal dialysis.
 - h. Known hypersensitivity to any component of the product.

DESIRED
PATIENT OUTCOMES:

1. Patient will experience minimal to no complications related to IV Integrilin.
2. Patient will receive appropriate intervention should adverse effect occur, i.e.; Rx for allergic reaction, platelet transfusion.

CLINICAL
ASSESSMENT
AND CARE:

1. Prior to infusion:
 - a. Document baseline vital signs.
 - b. Obtain ordered baseline lab-values (usually CBC, INR, PT/PTT, Creat).
 - c. Validate patent IV.
 - d. Obtain baseline 12-lead ECG and rhythm strip.

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- e. Administer ASA as ordered (usually 160mg) if not already done.
- f. Administer Heparin bolus as ordered (refer to Acute Coronary Syndrome Protocol).
- g. Administer Integrilin as ordered, based on serum creatine. (Guidelines on Appendix A). For PCI, a second bolus is given per MD order, 10 minutes after the first bolus.

2. During Infusion:

- a. Provide care per appropriate protocol (i.e., Post Cardiac Interventional procedures).
- b. Validate ordered infusion rate.
- c. Monitor infusion rate every 2 hours.
- d. Obtain labs and monitor results, per order; specifically plts, PT/PTT, INR.
- e. Monitor patient for signs/symptoms of bleeding - i.e., retroperitoneal bleeding, spontaneous GI/GU bleeding, hematoma, bleeding at the arterial access site, venous access site.
- f. Patient will likely be receiving other medications which will affect coags simultaneously i.e.; heparin, ASA. Validate dose per order.
- g. Minimize use of automatic blood pressure cuffs or invasive procedures.
- h. If hematoma should develop, monitor closely and notify physician.
- i. Anaphylaxis may occur at anytime during administration. If it does, administration of Integrilin should be immediately stopped and standard appropriate resuscitative measures should be initiated.
- j. Heme test all stools.
- k. Sheath may be removed by the physician/LIP at any time during infusion. D/C heparin infusion 3-4 hours prior to removal, per MD/LIP order.

3. Post Transfusion:

- a. Continue care per appropriate protocol.

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- b. Continue to obtain and monitor lab results, per order.
 - c. Continue to monitor every 1 - 2 hours for signs/symptoms of bleeding.
4. Notify House Officer/MD for:
- a. Lab values outside prescribed parameters.
 - b. Signs/symptoms of bleeding.
 - c. Vital signs outside prescribed parameters.

- PATIENT TEACHING:
- 1. Review with patient symptoms to report to RN or MD, e.g., obvious bleeding, hematoma, bruising.
 - 2. Review activity limitations with patient i.e.; bed-rest, HOB < 30°, no bending of leg with arterial sheath site.
 - 3. Review discharge teaching and document on clinical resume re: lab follow-up, signs/symptoms to call for MD (bleeding), meds (ASA per MD).

APPROVAL: Cardiac Step-Down Standards Committee
Nursing Standards Committee
Emergency Department Standards Committee

EFFECTIVE DATE: 10/99

REVISED DATE: 8/02, 12/02, 10/03, 11/08

REVIEW DATE: 2/06

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Bolus Dose: (For all patients): 180 mcg/kg bolus: withdraw into syringe from the 10mL (2 mg/mL) vial and administer by IV push over 1-2 minutes according to the following:

Patient weight (kg):	180 mcg/kg from 2mg/mL
37-41	3.4 mL
42-46	4 mL
47-53	4.5 mL
54-59	5 mL
60-65	5.6 mL
66-71	6.2 mL
72-78	6.8 mL
79-84	7.3 mL
85-90	7.9 mL
91-96	8.5 mL
97-103	9 mL
104-109	9.5 mL
110-115	10.2 mL
116-121	10.7 mL
>121	11.3 mL

Infusion Dose: (For normal renal function): 2-mcg/kg/min infusion immediately following bolus, according to the following:

Patient Weight (kg)	2 mcg/kg/min from 0.75mg/mL vial:
37-41	6 mL/h
42-46	7 mL/hr
47-53	8 mL/hr
54-59	9 mL/hr
60-65	10 mL/hr
66-71	11 mL/hr
72-78	12 mL/hr
79-84	13 mL/hr
85-90	14 mL/hr
91-96	15 mL/hr
97-103	16 mL/hr
104-109	17 mL/hr
110-115	18 mL/hr
116-121	19 mL/hr
>121	20 mL/hr

Infusion Dose: (For Serum Creatinine 2.0 - 4.0 mg/dL).

1 mcg/Kg/min infusion immediately following bolus, according to following:

Patient Weight (kg)	1 mcg/kg/min from 0.75mg/mL vial:
37-41	3.0 mL/hr
42-46	3.5 mL/hr
47-53	4.0 mL/hr
54-59	4.5 mL/hr
60-65	5.0 mL/hr
66-71	5.5 mL/hr
72-78	6.0 mL/hr
79-84	6.5 mL/hr
85-90	7.0 mL/hr
91-96	7.5 mL/hr
97-103	8.0 mL/hr
104-109	8.5 mL/hr
110-115	9.0 mL/hr
116-121	9.5 mL/hr
>121	10.0 mL/hr