DSO –007
06/2002

OSF ST. JOSEPH MEDICAL CENTER
Bloomington, Illinois

PHYSICIAN ORDERS

ENOXAPARIN (LOVENOX®) or WEIGHT-BASED **HEPARIN** INFUSION PROTOCOL

Instructions: Select (□)from the following orders. **Orders in bold are to be done as written.**

Weigh patient on admission. _____ kg

❑ ENOXAPARIN (LOVENOX®)

1) enoxaparin *(Lovenox®)* **lab orders:** **Hemogram daily for first three days and then, every three days**

2) enoxaparin (Lovenox®) orders:
(CHOOSE a, b, c, or d))

□ a. prophylaxis: 40mg subcutaneously every day x 2 weeks
□ b. treatment: *1.5mg/kg subcutaneously every day ***OR***
□ c. *(1mg/kg subcutaneously every 12 hours**)**
□ d**.** unstable angina: *1mg/kg subcut. q 12 hours x 3 days

*** If creatine clearance is below 30ml/min, reduce weight based dose by 30%**

❑ HEPARIN

1) ***heparin*** **lab orders:** **PT/INR and Hemogram on the first day, then Hemogram every three days.**
PTT 6 hrs. after starting heparin & every 6 hours for the first 24 hours, then daily.
After initial 24 hours obtain PTT 6 hours after any adjustment in heparin rate.
If PTT is greater than 135 sec for two consecutive measurements notify physician.

2) *heparin* orders:
(CHOOSE a or b)

□ a. cardiovascular treatment (e.g.: DVT, PE): , *(See dosing guidelines on back)*
heparin **loading dose** ≅ 70 units/kg IV push *(See dosing guidelines on back)*
heparin **maintenance infusion** ≅ 15 units/kg/hr and monitor PTT in 6 hours
Use PTT to adjust heparin infusion rate using the following:
20 – 29 seconds – increase heparin rate by 200 units/hr
30 – 49 seconds – increase heparin rate by 100 units/hr
50 – 74 seconds – no change in heparin rate
75 – 94 seconds – decrease heparin rate by 100 units/hr
95 –114 seconds – decrease heparin rate by 200 units/hr
115 or greater – decrease heparin rate by 300 units/hr

□ b**.** patients who are receiving or received during the past two weeks abciximab (ReoPro®) or eptifibatide (Integrilin®): *(See dosing guidelines on back*)
heparin **loading dose** ≅ 60 units/kg IV push *(See dosing guidelines on back)*
heparin **maintenance infusion** ≅ 12 units/kg/hr and monitor PTT in 6 hours.
Use PTT to adjust heparin infusion rate using the following table:
20 - 29 seconds – increase heparin rate by 200 units/hr
30 - 49 seconds – increase heparin rate by 100 units/hr
50 - 69 seconds – no change in heparin rate
70 - 89 seconds – decrease heparin rate by 100 units/hr
90 -114 seconds – decrease heparin rate by 200 units/hr
115 or greater – decrease heparin rate by 300 units/hr

All rate changes must be double checked by 2 RNs and recorded on Anticoagulation Flow Sheet

Signature: _____

Date: _____

Heparin Therapy for Cardiovascular Treatment (e.g. DVT, PE)

Heparin Loading Dose (≅70 units/kg)

Weight(kg)	Loading dose (units)
50	3500
51-60	4000
61-70	5000
71-80	5500
81-90	6000
91-100	7000
101-110	7500
111-120	8000
121-130	9000
131-140	10000

Heparin Maintenance Infusion (≅15 units/kg/hour)

Weight(kg)	Maintenance dose (units/hr)
50	800
51-60	900
61-70	1100
71-80	1200
81-90	1400
91-100	1500
101-110	1700
111-120	1800
121-130	2000
131-140	2100

Heparin Therapy for patients receiving abciximab (ReoPro®) or eptifibatide (Integrilin®)

Heparin Loading Dose (≅60 units/kg)

Weight(kg)	Loading dose (units)
50	3000
51-60	3500
61-70	4000
71-80	5000
81-90	5500
91-100	6000
101-110	7000
111-120	7500
121-130	8000
131-140	8500

Heparin Maintenance Infusion (≅12 units/kg/hour)

Weight(kg)	Maintenance dose (units/hr)
50	600
51-60	700
61-70	800
71-80	1000
81-90	1100
91-100	1200
101-110	1300
111-120	1400
121-130	1600
131-140	1700