



Neurology
ORDER SHEET
Adult Stroke Heparin Protocol

Addressograph

Any order preceded by a box must be checked to activate the order. All other orders will be automatically implemented.

No modifications to weight-based guidelines are permitted

Allergy: _____ No known Allergy/ADR

Adverse Drug Reaction (ADR): _____ Documented in CIS

Heparin:

- Initiate IV heparin therapy according to STROKE Heparin Protocol Dosing Chart (on Page 2)
Current patient weight: _____ kg (*Please check appropriate weight box on page 2*)
- Indication for heparin therapy: Acute ischemic stroke or Transient Ischemic Attack (TIA)s
- Adjust heparin dose based on PTT results, according to STROKE Heparin Protocol Dosing chart (*page 2*)
- RN: Document heparin dose and all dose adjustments on STROKE Heparin Protocol Flowsheet.

Labs:

- PTT now (to provide baseline unless already known)
 - PTT 6 hours after infusion initiated. (send STAT).
 - PTT 6 hours after each dosage adjustment (send STAT) then repeat PTT 6 hours after results.
 - When 2 consecutive PTT within target range (**80 - 105** seconds), change PTT to once daily while on heparin.
 - CBC daily while on heparin

Other:

- Institute "bleeding precautions."
- Call physician if any of the following occur:
 - Hematoma, suspected or actual bleeding episode, signs and symptoms of retroperitoneal or intracranial bleeding.
 - PTT greater than **132** seconds **OR** greater than _____ on two consecutive samples.
 - PTT less than **62** seconds **OR** less than _____ on two consecutive samples.
- Start warfarin (Coumadin): Yes _____ mg on _____
 No _____ (date)
- Daily PT/INR once warfarin initiated.

Signature: _____ MD/APRN Date: _____ Time: _____

Print Name: _____ Pager #: _____

Transcribed by: _____ Verified by: _____ RN

Generic equivalent may be administered when a drug is prescribed by a brand name unless order states to the contrary

Original: To the medical record – Tab 6: Physician's Orders

_____ Scan all pages to Pharmacy

KEY:

- Heparin concentration for: **Infusion** - Use 25,000 units/500 mL D5W premixed bag (50 units/mL)
- For every 50 unit increase in infusion rate, increase rate by 1 mL/hour

Adult STROKE Heparin Protocol Dosing Chart



Instructions for use: Check box that corresponds to current patient weight.

Addressograph

		INIT. START DOSE			PTT Less than 62 seconds		PTT 62 - 79 seconds		PTT 80 – 105 seconds	PTT 106 - 114 seconds	PTT 115 – 132 seconds		PTT Greater than 132 seconds	
Patient's weight (kg) (√ appr. box)	Weight	Bolus units	Drip units/hour	Pump rate mL/hour	Bolus units	Increase drip by units/hour	Bolus units	Increase drip by units/hour	No Change	Decrease drip by units/hour	Stop Infusion	Decrease drip by units/hour	Stop Infusion	Decrease drip by units/hour
	kg	NO BOLUS	15 units/ kg/hour		NO BOLUS	4 units/ kg/hour	NO BOLUS	2 units/ kg/hour	*	1 unit/ kg/hour	x 30 min.	2 units/ kg/hour	x 60 min.	3 units/ kg/hour
<input type="checkbox"/>	Less than 45 kg	NO BOLUS	650	13	NO BOLUS	150	NO BOLUS	100	*	50	x 30 min.	100	x 60 min.	150
<input type="checkbox"/>	45-49 kg	NO BOLUS	700	14	NO BOLUS	200	NO BOLUS	100	*	50	x 30 min.	100	x 60 min.	150
<input type="checkbox"/>	50-54 kg	NO BOLUS	800	16	NO BOLUS	200	NO BOLUS	100	*	50	x 30 min.	100	x 60 min.	150
<input type="checkbox"/>	55-59 kg	NO BOLUS	850	17	NO BOLUS	200	NO BOLUS	100	*	50	x 30 min.	100	x 60 min.	150
<input type="checkbox"/>	60-64 kg	NO BOLUS	950	19	NO BOLUS	250	NO BOLUS	100	*	50	x 30 min.	100	x 60 min.	200
<input type="checkbox"/>	65-69 kg	NO BOLUS	1000	20	NO BOLUS	250	NO BOLUS	150	*	50	x 30 min.	150	x 60 min.	200
<input type="checkbox"/>	70-74 kg	NO BOLUS	1100	22	NO BOLUS	300	NO BOLUS	150	*	50	x 30 min.	150	x 60 min.	200
<input type="checkbox"/>	75-79 kg	NO BOLUS	1150	23	NO BOLUS	300	NO BOLUS	150	*	100	x 30 min.	150	x 60 min.	250
<input type="checkbox"/>	80-84 kg	NO BOLUS	1250	25	NO BOLUS	300	NO BOLUS	150	*	100	x 30 min.	150	x 60 min.	250
<input type="checkbox"/>	85-89 kg	NO BOLUS	1300	26	NO BOLUS	350	NO BOLUS	150	*	100	x 30 min.	150	x 60 min.	250
<input type="checkbox"/>	90-94 kg	NO BOLUS	1400	28	NO BOLUS	350	NO BOLUS	200	*	100	x 30 min.	200	x 60 min.	300
<input type="checkbox"/>	95-99 kg	NO BOLUS	1450	29	NO BOLUS	400	NO BOLUS	200	*	100	x 30 min.	200	x 60 min.	300
<input type="checkbox"/>	100-104 kg	NO BOLUS	1550	31	NO BOLUS	400	NO BOLUS	200	*	100	x 30 min.	200	x 60 min.	300
<input type="checkbox"/>	105-109 kg	NO BOLUS	1600	32	NO BOLUS	400	NO BOLUS	200	*	100	x 30 min.	200	x 60 min.	300
<input type="checkbox"/>	110-114 kg	NO BOLUS	1700	34	NO BOLUS	450	NO BOLUS	200	*	100	x 30 min.	200	x 60 min.	350
<input type="checkbox"/>	115 kg or greater	NO BOLUS	1750	35	NO BOLUS	450	NO BOLUS	250	*	100	x 30 min.	250	x 60 min.	350

Original: To the medical record

Tab 7: Nursing Documentation

Page 2 of 2

Transcribed by secretary: _____

Verified by RN: _____