

Heparin Protocol LVAD [2334]

General

Nursing

Nursing

<input checked="" type="checkbox"/> Weigh patient	Routine, Once
<input checked="" type="checkbox"/> Notify pharmacist	Routine, Until discontinued, Starting S, Contact pharmacist if a physician writes heparin orders. Heparin dose or infusion changes to be made by pharmacist only. Notify Pharmacist immediately if the patient transfers or has an off unit procedure.
<input checked="" type="checkbox"/> Heparin instructions	Routine, Until discontinued, Starting S Do not interrupt heparin infusion unless ordered. Contact pharmacist regarding compatibility with other IV drugs if access is a concern. Contact pharmacist immediately if heparin infusion is stopped for any reason.
<input checked="" type="checkbox"/> Do not draw blood from the arm that has heparin infusion or that has been flushed with heparin.	Routine, Until discontinued, Starting S If there is no other access, other than the heparin line for a PTT specimen draw, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.
<input checked="" type="checkbox"/> Notify pharmacist	Routine, Until discontinued, Starting S, Pharmacist regarding compatibility with other IV drugs if access is a concern.
<input checked="" type="checkbox"/> Do not interrupt heparin infusion unless ordered	Routine, Until discontinued, Starting S
<input checked="" type="checkbox"/> Monitor for signs or symptoms of bleeding	Routine, Until discontinued, Starting S

IV Fluids

Medications

Heparin Infusion

Heparin Infusion Sliding Scale for Heparin LVAD Protocol:
Heparin Sliding Scale (round to nearest 50 units/hr)

PTT (seconds) Adjust (using Dosing Weight)

Less than 49 Increase infusion by 2 units/kg/hr

50 to 59 Increase infusion by 1 unit/kg/hr

60 to 80 NO CHANGE

81 to 100 Decrease infusion by 2 units/kg/hr

101 to 120 Stop infusion for 1 hour, decrease infusion by 3 units/kg/hr

Greater than 120 Stop heparin infusion, draw a STAT PTT in 1 hour. If two consecutive PTT greater than 120 sec, contact physician

<input checked="" type="checkbox"/> HEParin 25,000 unit/500 mL (50 unit/mL)	intravenous Heparin Indication: LVAD Therapeutic Monitoring Target: PTT - 60 - 80 sec
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VTE

Labs

Labs-Initiation

<input type="checkbox"/> Partial thromboplastin time	STAT For 1 Occurrences Draw blood for PTT/ Anti Xa UFH from arm that does not have heparin infusion. If there is no other access than the heparin line, stop the heparin for 10 minutes, flush the line, aspirate 10 mL of blood to waste, obtain sample, and reflush the line after drawing specimen.
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<input type="checkbox"/> Prothrombin time with INR	STAT For 1 Occurrences Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines.
<input type="checkbox"/> CBC hemogram	STAT For 1 Occurrences Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines.

Labs-Continuing

<input checked="" type="checkbox"/> CBC hemogram	Now then every 24 hours For 3 Occurrences
<input checked="" type="checkbox"/> CBC hemogram	Conditional Frequency, Starting S+5 CBC every 2 days (for at least first week), then twice weekly
<input checked="" type="checkbox"/> Partial thromboplastin time	Conditional Frequency Obtain PTT every 6 hours after ANY dose change
<input checked="" type="checkbox"/> Partial thromboplastin time	Conditional Frequency When two consecutive therapeutic results, routine PTT monitoring every 24 hours
<input checked="" type="checkbox"/> Occult blood, stool	Daily, Stool

Cardiology

Imaging

Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

<input type="checkbox"/> Consult to Case Management	Consult Reason:
<input type="checkbox"/> Consult to Social Work	Reason for Consult:
<input type="checkbox"/> Consult PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
<input type="checkbox"/> Consult PT wound care	Special Instructions: Location of Wound?
<input type="checkbox"/> Consult OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Purpose/Topic:
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult?
<input type="checkbox"/> Consult to Speech Language Pathology	Routine, Once Reason for consult:
<input type="checkbox"/> Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult: Reason for consult:
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult?

