Nursing	
Nursing	
[X] Weigh patient	STAT, Once For 1 Occurrences Weigh patient if baseline measured weight not in medical record. Notify pharmacist if patient cannot be weighed.
[X] Notify pharmacist (Impella)	Routine, Until discontinued, Starting S, -Notify pharmacist if a physican writes heparin orders. Heparin dose or infusion changes to be made by pharmacist only.
	-Notify pharmacist if compatibility with other IV drugs or if IV access is a concern.
	-Notify pharmacist IMMEDIATELY if the patient transfers or has an off unit procedure.
	-Notify pharmacist IMMEDIATELY if heparin infusion is stopped for any reason.
	-Notify pharmacist if patient cannot be weighed.
[X] Notify pharmacist and physician (Impella)	Routine, Until discontinued, Starting S, -Notify pharmacist and physician if Platelet count less than 150,000 microliter or a 50% drop from baseline or hematoma, bleeding or suspected bleeding occurs.
[X] Heparin instructions (Impella)	Routine, Until discontinued, Starting S -Document: Hourly purge flow rates, purge heparin concentration, and purge dextrose concentration.
	-Do not interrupt heparin infusion unless ordered.
	-Notify pharmacist regarding compatibility with other IV drugs if access is a concern.
	-Notify pharmacist immediately if heparin infusion is stopped for any reason.

Medications

Impella Device Purge (Single Response)

Initiation: Standard Purge: HEParin 25,000 units/500mL in D5W (50 Repeat aPTT Result	units/mL)
ADD Supplemental Non-Purge: HEParin 25,000 unit/500mL (50 No change continue monitoring CHANGE to Alternate Pu HEParin 12,500 units/500mL in D5W (25 units/mL)	units/mL) urge:
Low aPTT Therapeutic aPTT High aPTT	
ADD Supplemental Non-Purge: HEParin 25,000 unit/500mL (50 No change continue monitoring CHANGE to Alternate Pu Heparin 6,250 units/500mL D5W (12.5units/mL) Repeat aPTT Result Low aPTT Therapeutic aPTT High aPTT ADD Supplemental Non-Purge: HEParin 25,000 unit/500mL (50 No change continue monitoring Consult physician	units/hr) urge: units/hr)
Consider switching to sodium bicarbonate purge solution a	nd titration with supplemental non-purge heparin
(X) Standard Purge: HEParin 25,000 units/500 mL in D5W (50 units/mL)	25,000 Units, Impella, continuous -Rate is automatically adjusted by Impella Device to maintain adequate purge pressure.
	-Document: Hourly purge flow rates, purge heparin concentration, and purge dextrose concentration.
	-Do not interrupt heparin infusion unless ordered.
	-Notify pharmacist immediately if heparin infusion is stopped for any reason.
() ALTERNATE Purge: HEParin 12,500 units/500 mL in D5W (25 units/mL)	12,500 Units, Impella, continuous -Rate is automatically adjusted by Impella Device to maintain adequate purge pressure.
	-Document: Hourly purge flow rates, purge heparin concentration, and purge dextrose concentration.
	-Do not interrupt heparin infusion unless ordered.
	-Notify pharmacist immediately if heparin infusion is stopped for any reason.
<ul> <li>ALTERNATE Purge: HEParin 6,250 units/500 mL in D5W (12.5 units/mL)</li> </ul>	6,250 Units, Impella, continuous -Rate is automatically adjusted by Impella Device to maintain adequate purge pressure.
	-Document: Hourly purge flow rates, purge heparin concentration, and purge dextrose concentration.
	-Do not interrupt heparin infusion unless ordered.
() Honorin Free Durge Schutiene (Single Despense)	-Notify pharmacist immediately if heparin infusion is stopped for any reason.

() Heparin Free purge - dextrose 5% infusi	on 1 mL/hr -Rate is purge p -Docum -Do not	r, Impella, continuous a automatically adjusted by Impella Device to maintain adequate pressure. hent: Hourly purge flow rates and purge dextrose concentration. interrupt infusion unless ordered.
25 mEq/1000 mL in D5W	-Rate is purge p -Docum -Do not	a interrupt infusion unless ordered.
Supplemental Non-Purge Heparin		
<ul> <li>Supplemental Non-Purge: HEParin 25,000 (50 unit/mL)</li> </ul>	unit/500 mL	intravenous Begin when PTT sub-therapeutic on Impella Device Purge Heparin alone. Heparin Indication: Impella Therapeutic Monitoring Target: PTT - 60 - 80 sec
Labs		
Labs-Initiation		
[] 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.
[] 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.
[] 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		
[X] CBC hemogram		Daily, Starting S+1 For 3 Occurrences Daily while on heparin. Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines.
[X] Partial thromboplastin time		Every 4 hours, Starting H+4 Hours For 1 Occurrences Draw 4 hours after initiation of heparin infusion. 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.