

HARBOR-UCLA MEDICAL CENTER
HEPARIN CONTINUOUS INFUSION PROTOCOL (PEDIATRIC)
PHYSICIAN ORDER FORM

Diagnosis:	Location:
Allergies:	Weight:

Exclusion Criteria: Do not initiate protocol if one of the following criteria is present		Yes	No
1. Active bleeding		<input type="checkbox"/>	<input type="checkbox"/>
2. Thrombocytopenia with a positive test of antiplatelet antibody		<input type="checkbox"/>	<input type="checkbox"/>
3. History of heparin induced thrombocytopenia (HIT)		<input type="checkbox"/>	<input type="checkbox"/>
4. Hypersensitivity to heparin or pork/beef products		<input type="checkbox"/>	<input type="checkbox"/>

Age	Recommended Dosage
<input type="checkbox"/> Younger than 1 year	75 units/kg IV bolus over 10 minutes, then 28 units/kg/hour continuous infusion
<input type="checkbox"/> 1 to 12 year	75 units/kg IV bolus (Max 5000 units) over 10 minutes, then 20 units/kg/hour continuous infusion
<input type="checkbox"/> Older than 12 years	80 units/kg IV bolus (maximum dose 10,000 units) over 10 minutes, then 18 units/kg/hour continuous infusion (maximum 2000 units/hour)

- Discontinue previous subcutaneous heparin, dalteparin, enoxaparin, or fondaparinux orders.
- Start heparin drip immediately after baseline aPTT drawn

Heparin concentration: 50 units /mL

Heparin Dosage:

- New Order
- Ongoing Therapy

I.V. bolus: _____ units/kg X _____ kg = _____ units
 Infusion rate: _____ units/kg/hour X _____ kg = _____ units/hour

Laboratory Monitoring: (Process all aPTT as STAT labs and indicate patient is on heparin.)

- Baseline aPTT (prior to heparin infusion)
- aPTT 4 hours after initiation of infusion and aPTT 4 hours after any infusion rate change (patients younger than 12 years of age)
- aPTT 6 hours after initiation of infusion and aPTT 6 hours after any infusion rate change (patients older than 12 years of age)
- Daily CBC and aPTT (when aPTT values are therapeutic for 2 consecutive samples) or BID aPTT if this box is checked

aPTT (seconds)	For patients younger than 12 years of age		For patients older than 12 years of age	
	ACTION	Next aPTT (STAT)	ACTION	Next aPTT (STAT)
<75	IV rebolus 50 units/kg X _____ kg = _____ units (Max 4000 units) and INCREASE infusion rate by 2 units/kg/hr (nurse to call pharmacy when needed)	4 hrs (post rate change)	IV rebolus 60 units/kg X _____ kg = _____ units (max 4000 units) and INCREASE infusion rate by 2.5mL/hr (250 units/hr)	6 hrs (post rate change)
75-84.9	INCREASE infusion rate by 2 units/kg/hr	4 hrs (post rate change)	INCREASE infusion rate by 1mL/hr (100 units/hr)	6 hrs (post rate change)
85-115 (Goal)	No change	Daily (AM Lab) or as ordered	No change	Daily (AM Lab) or as ordered
115.1-125	DECREASE infusion rate by 1 unit/kg/hr	4 hrs after restarting infusion at lower rate	DECREASE infusion rate by 1mL/hr (100 unit/hr)	6 hrs after restarting infusion at lower rate
125.1-135	Stop infusion for 30 minutes and DECREASE infusion rate by 2 units/kg/hr	4 hrs after restarting infusion at lower rate	Stop infusion for 60 minutes then restart infusion and DECREASE infusion rate by 1 mL/hr (100 units/hr)	6 hrs after restarting infusion at lower rate
135.1-155	Stop infusion for 60 minutes and DECREASE infusion rate by 3 units/kg/hr	4 hrs after restarting infusion at lower rate	Stop infusion for 60 minutes then restart infusion and DECREASE infusion rate by 2.5 mL/hr (250 units/hr)	6 hrs after restarting infusion at lower rate
> 155	Stop infusion for 120 minutes and DECREASE infusion rate by 4 units/kg/hr	4 hrs after restarting infusion at lower rate	Stop infusion for 120 minutes then restart infusion and DECREASE infusion rate by 2.5 mL/hr (250 units/hr)	6 hrs after restarting infusion at lower rate

HEPARIN CONTINUOUS INFUSION PROTOCOL (PEDIATRIC)/PHYSICIAN ORDER FORM
FILE IN MEDICAL RECORD

Provider Printed Last Name:	
Provider Signature	ID:
Date: _____	Time: _____
RN Last Name:	
RN Signature:	
Date: _____	Time: _____
Clerk/LVN Signature:	
Date: _____	Time: _____



