

HEPARIN NOMOGRAM

THROMBOSIS and CARDIOLOGY HEPARIN NOMOGRAM

THROMBOSIS INDICATIONS, i.e. for deep vein thrombosis or pulmonary embolism

- No Loading Dose
- Loading Dose: 80 units/kg rounded to the nearest 100 units IV bolus
- Maintenance Dose: 18 units/kg/hour rounded to the nearest 10 units/hour
- Contact physician if heparin is Held or Discontinued for any reason other than per nomogram.

CARDIOLOGY INDICATIONS, i.e. mechanical prosthetic valves and ventricular thrombosis

- No Loading Dose
- Loading Dose: 70 units/kg rounded to the nearest 100 units IV bolus
- Maintenance Dose: 13 units/kg/hour rounded to the nearest 10 units/hour
- Contact physician if heparin is Held or Discontinued for any reason other than per nomogram.

HEPARIN INFUSION ADJUSTMENT

Measure aPTT with the next scheduled lab draw, at least 6 hours after initiating the maintenance infusion, and adjust as follows:

aPTT (sec)	Bolus (units)	Hold Heparin (minutes)	Rate Change (units/hour)	Next aPTT
< 60	5000 units	0	↑ 200 units/hour	Next scheduled lab draw at least 6 hours after dose change
60 – 150**	0	0	0	Next Morning
151 – 225	0	0	↓ 100 units/hour	Next scheduled lab draw at least 6 hours after dose change
226 – 300	0	60	↓ 200 units/hour	
301 – 400	0	60	↓ 300 units/hour	
> 400	0	90	↓ 400 units/hour	when restarting infusion*

*If follow-up aPTT < 400 seconds, continue new rate and recheck with next scheduled lab draw at least 6 hours after restarting infusion.

*If follow-up aPTT > 400 seconds, stop the infusion and contact physician for further orders.

**Note: Therapeutic aPTT range of 60 – 150 seconds correlates to a heparin concentration (measured by factor Xa inhibition) of 0.3 – 0.7 IU/mL

ACUTE CORONARY SYNDROME (ACS) HEPARIN NOMOGRAM

(i.e. for acute coronary syndrome, atrial fibrillation and balloon pumps)

HEPARIN LOADING DOSE and INITIAL MAINTENANCE INFUSION (check desired boxes)

- No Loading Dose
- Loading Dose: 60 units/kg rounded to the nearest 100 units IV bolus, not to exceed 4000 units
- Maintenance Dose: 12 units/kg/hour rounded to the nearest 10 units/hour, not to exceed 1000 units/hour initially
- Contact physician if heparin is Held or Discontinued for any reason other than per nomogram.

HEPARIN INFUSION ADJUSTMENT

Measure aPTT with the next scheduled lab draw, at least 6 hours after initiating the maintenance infusion, and adjust as follows:

aPTT (sec)	Bolus (units)	Hold Heparin (minutes)	Rate Change (units/hour)	Next aPTT
< 60	2000 units	0	↑ 100 units/hour	Next scheduled lab draw at least 6 hours after dose change
60 – 105**	0	0	0	Next Morning
106 – 150	0	0	↓ 100 units/hour	Next scheduled lab draw at least 6 hours after dose change
151 – 225	0	60	↓ 200 units/hour	
226 – 300	0	60	↓ 300 units/hour	
301 – 400	0	60	↓ 400 units/hour	
> 400	STOP INFUSION and contact physician for further orders			

**Note: Therapeutic aPTT range of 60 – 105 seconds correlates to a heparin concentration (measured by factor Xa inhibition) of 0.3 – 0.5 IU/mL