HEPARIN THERAPY PROTOCOL AND MONITORING

POLICY:

Heparin administration, using the Heparin Therapy Protocol, is ordered by the physician and monitored by the RN on Med/Surg/Tele, SCC, ICU and may be initiated in the ER.

PURPOSE:

Prevention and/or treatment of all types of thromboses and emboli including deep vein thromboses, pulmonary emboli, and embolizations associated with atrial fibrillation.

SPECIAL INFORMATION:

1. All heparin doses for IV bolus and infusion are to be verified with the physician’s order by 2 RN’s.
2. All changes in rates of heparin infusions are to be verified by 2 RN’s by looking at the physician’s order and the actual IV pump settings.
3. When using the weight based Heparin infusion protocol, any change in the rate based on the PTT value, the RN is to write this change on the physician order sheet as:
   "PTT _____. Increase or decrease Heparin xx units/kg/hr=xx units/hr per Heparin Protocol/Dr._________ /_________RN."
4. The RN is to document changes in Heparin infusion on the IV flowchart by selecting the rate and typing in the rate as xx cc/hr and then selecting the fluid and highlighting the Heparin selection.

EQUIPMENT:

Heparin Therapy Protocol-Physician’s order sheet.

DOCUMENTATION:

CPSI IV Flow chart.

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