

Heparin Intravenous Infusion and Bolus Doses - Physician To Manage Anticoagulation (NO PHARMACY INVOLVEMENT) [2173]

If you prefer to have a pharmacist initiate and oversee the heparin protocol, please do not order this order set. Go to the Manage Orders activity and place a new order for a Pharmacy consult to manage heparin.

General

Nursing

Nursing

<input checked="" type="checkbox"/> Weigh patient	Routine, Once
<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.
<input checked="" type="checkbox"/> Notify Physician and Pharmacist	Routine, Until discontinued, Starting S, Platelet count less than 150,000 microliter or a 50% drop from baseline or hematoma, bleeding or suspected bleeding occurs.
<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 and Anti Xa unfractionated specimen draw, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

IV Fluids

Medications

Medications

<input type="checkbox"/> HEParin (porcine) injection	intravenous, once, For 1 Doses
<input checked="" type="checkbox"/> HEParin 25,000 unit/500 mL (50 unit/mL)	intravenous, titrated Indication: Therapeutic Monitoring Target:

VTE

Labs

Lab - Initiation

<input checked="" type="checkbox"/> Prothrombin time with INR	Once
<input checked="" type="checkbox"/> Partial thromboplastin time	Once
<input checked="" type="checkbox"/> CBC hemogram	Once
<input checked="" type="checkbox"/> Anti Xa, unfractionated	Once Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line for an Anti Xa unfractionated specimen draw, stop the heparin, flush the line, and aspirate 10 ml of blood to waste.

Lab - Continuing

Laboratories for monitoring of heparin infusion must be ordered by provider

<input checked="" type="checkbox"/> Labs - Heparin Monitoring (Single Response) (Selection Required)	
<input type="checkbox"/> Partial thromboplastin time, activated	AM draw repeats
<input type="checkbox"/> Partial thromboplastin time, activated	Every 6 hours

<input type="checkbox"/> Anti Xa, unfractionated	AM draw repeats
<input type="checkbox"/> Anti Xa, unfractionated	Every 6 hours
<input checked="" type="checkbox"/> CBC hemogram	Every 48 hours, Starting S+1 at 6:00 AM For 3 Occurrences
<input checked="" type="checkbox"/> Occult blood, stool	Conditional Frequency, Stool guiac stools when there is a hemoglobin decrease of more than 2 gm/dL in a 24 hour period

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:
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult?

Additional Orders