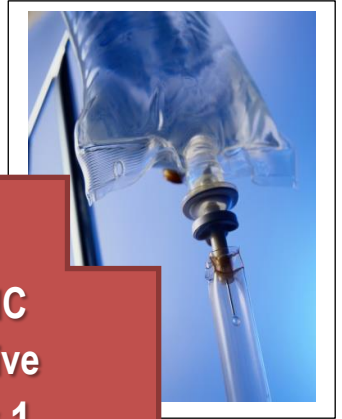


# Heparin Drip Monitoring Change: Anti-Xa Levels



SRMC  
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July 1

## What are the differences?

- Anti-Xa used for monitoring unfractionated heparin instead of aPTT . (aPTT still available for coagulation testing.)
- Infusion Pump Library will be set to units/kg/hr
- Protocols will be updated to match change

### Two Protocols:

- DVT/PE, Systemic Anticoagulation (Non-cardiac)
- Acute Coronary Syndrome, Low Dose Indications

## Example Heparin Protocol

**MD will order the specific protocol in CPOE and then the following will be automatically available to the RN for adjusting the heparin drip:**

1. Enter patient weight at time of protocol initiation into pump (maximum 100 kg – use this if patient is over 100 kg)
2. Pull up proper heparin infusion in IV Smart Pump Library
3. Pump will calculate rate in units/kg/hr for the RN
4. Adjust based on the protocol that is reflexed from the MD order

Heparin Anti-Xa Assay (units/mL)	Adjustments to Heparin Dose (units/kg/hr)
Less than 0.1	70 units/kg IV bolus= _____units (MAX bolus dose 5,000 units) Increase dose by 4 units/kg/hr
0.1 – 0.16	35 units/kg IV bolus= _____units (MAX bolus dose 5,000 units) Increase dose by 2 units/kg/hr
0.17 – 0.29	No bolus Increase dose by 1 unit/kg/hr
0.3 – 0.70	No change in dose (therapeutic range)
0.71 – 0.79	Reduce dose by 1 unit/kg/hr
0.80 – 0.93	Reduce dose by 2 units/kg/hr
0.94 – 1.49	Hold Heparin infusion for 1 hr, then reduce dose by 3 units/kg/hr
1.50 – 2.0	Hold Heparin infusion for 2 hrs, then reduce dose by 4 units/kg/hr
Greater than 2.0	Hold Heparin infusion for 3 hours; redraw Heparin Anti-Xa Assay unfractionated every 3 hours until Heparin Anti-Xa Assay, unfractionated is less than 2.0. Once level is less than 2.0, restart heparin infusion and reduce dose by 5 units/kg/hr.