# Heparin Advisor: DVT PE Subphase

## **Heparin Advisor/All BayCare**

\*Discontinue any enoxaparin (Lovenox) 8 hours prior to starting Heparin, or fondaparinux (Arixtra) 18 hours prior to starting Heparin, or dabigatran (Pradaxa), rivaroxaban (Xarelto), edoxaban (Savaysa), or apixaban (Eliquis) 12 hours prior to starting Heparin.

## Initial Bolus: 80 units/kg (max 8000 units)

- If patient weighs less than 100 kg, use 80 units/kg heparin bolus (rounded to nearest 100 units)
- If patient weighs greater than or equal to 100 kg, use 8000-units heparin bolus

## Initial Infusion Rate: 18 units/kg/hr (max 1800 units/hr)

- If patient weighs less than 100 kg, use 18 units/kg/hr heparin drip
- If patient weighs greater than or equal to 100 kg, use MAX INITIAL rate 1800 units/hr heparin drip

#### Labs

- Anti-Xa, aPTT and CBC prior to start of therapy
- Anti-Xa/aPTT every 6 hours or 6 hours after each change until 2 consecutive therapeutic Anti-Xa/aPTT; Anti-Xa/aPTT daily once therapeutic
- CBC without differential performed at minimum q72h while on heparin infusion
- Notify Physician if platelets are less than 100,000 or 50% decrease from baseline

## Lab Monitoring Modality (anti-Xa vs. aPTT)

- Default monitoring for heparin drips is anti-Xa
- Monitoring switches to **aPTT** if any of the following conditions are present:
  - Baseline anti-Xa > 0.3 IU/mL AND level drawn PRIOR to administering heparin
  - Triglyceride level > 807 mg/dL
  - Total bilirubin level > 100 mg/dL



## **Heparin Titrations**

\*Dose titrations are made in either units/kg/hr or units/hr, which is weight-dependent based on the initial infusion rate above.

Adjustments to heparin drips should <u>not</u> be made prior to 4 hours from initiating the heparin infusion or from a previous titration recommendation. Ensure follow-up lab is entered 6 hours from initiating a heparin drip or therapy adjustments.

Anti-Xa	aPTT level	Titration Recommendation: Units/kg/hr	Titration Recommendation: Units/hr
Less than 0.2	Less than 45	Bolus: 25 unit/kg rounded to the nearest 100 units Increase rate by 3 units/kg/hr	Bolus: 25 units/kg rounded to the nearest 100 units Increase rate by (3 units/kg/hr * patient weight (kg)) = units/hr
0.2 to 0.29	45 to 52.9	Increase rate by 2 units/kg/hr	Increase rate by (2 units/kg/hr * patient weight (kg)) = units/hr
0.3 to 0.7	53 to 87	No Change - Therapeutic	No Change - Therapeutic
0.71 to 0.8	87.1 to 95.9	Decrease rate by 1 units/kg/hr	Decrease rate by (1 units/kg/hr * patient weight (kg)) = units/hr
0.81 to 0.9	96 to 103.9	Decrease rate by 2 units/kg/hr	Decrease rate by (2 units/kg/hr * patient weight (kg)) = units/hr
0.91 to 1	104 to 112	Hold infusion for 1 hour Decrease rate by 3 units/kg/hr	Hold infusion for 1 hour Decrease rate by (3 units/kg/hr * patient weight (kg)) =units/hr
Greater than 1	Greater than 112	Hold infusion for 1 hour Decrease rate by 4 units/kg/hr	Hold infusion for 1 hour Decrease rate by (4 units/kg/hr * patient weight (kg)) = units/hr



## Instructions for Heparin Infusions Held for Reason other than aPTT/anti-Xa Levels

#### Held less than 4 hrs:

- 1. Confirm with provider prior to resuming heparin.
- 2. Restart heparin infusion at previous recommended rate prior to being held.
- 3. Repeat appropriate monitoring (aPTT or anti-Xa) 6 hr after restarting.
- 4. Resume with *Heparin Advisor* dosing instructions.

### Held 4 hrs or more, OR protamine given within last 4 hrs:

- 1. Confirm with provider prior to resuming heparin.
- 2. Draw STAT appropriate monitoring (aPTT or anti-Xa) prior to restarting infusion.
- 3. Restart heparin infusion at previous recommended rate prior to being held. **Important:** Do not wait for STAT monitoring to result prior to resuming heparin drip.
- 4. Review STAT results:
  - If aPTT less than 39 **OR** anti-Xa less than 0.2, administer heparin 25 units/kg IV bolus once.
  - If aPTT greater than or equal to 39 **OR** anti-Xa greater than or equal to 0.2, continue at current infusion rate.
- 5. Repeat appropriate monitoring (aPTT or anti-Xa) in 6 hr and resume with *Heparin Advisor* dosing instructions.

Heparin Infusion Held for Surgical Procedure: Provider specifies resume instructions.

