Heparin Advisor: Neuro 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.

No Initial Bolus

Initial Infusion Rate: 12 units/kg/hr (max 1000 units/hr)

- If patient weighs less than 83.4 kg, use 12 units/kg/hr heparin drip
- If patient weighs greater than or equal to 83.4 kg, use MAX INITIAL rate 1000 units/hr heparin drip

Labs

- Anti-Xa, aPTT, CBC and PT/INR 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 <u>any</u> 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

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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 not 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	Increase rate by 3 units/kg/hr	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 0.6	53 to 79	No Change - Therapeutic	No Change - Therapeutic
0.61 to 0.7	79.1 to 87	Decrease rate by 1 units/kg/hr	Decrease rate by (1 units/kg/hr * patient weight (kg)) = _____ units/hr
0.71 to 0.9	87.1 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

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

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

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