



HURON PERTH HEALTHCARE ALLIANCE

Allergies: NKA or: _____

Weight (kg) _____ Height (cm) _____

SCAN ALL ORDERS TO PHARMACY

**HPHA INTRAVENOUS HEPARIN DOSAGE ADJUSTMENT NOMOGRAM
FOR GENERAL USE / VENOUS THROMBOEMBOLIC**

INVESTIGATIONS:

- BUN, CR
- PTT 6 hours after starting heparin infusion.
- Daily CBC, INR, PTT, for duration of heparin therapy

MEDICATIONS:

Patient weight: _____ kg

INITIAL BOLUS: Heparin _____ units (80 units per kg to a maximum of 5000 units) Refer to Table 1.

Table 1 – Suggested dose for initial and nomogram bolus	
Weight Range (kg)	IV Heparin Bolus (units)
Less than 40 kg	3200 units
40-49.9 kg	3600 units
50-59.9 kg	4400 units
60 kg and greater	5000 units

Initial Infusion:

Heparin 25,000 units in Dextrose 5% 500 mL (50 units per mL) to begin at _____ units per hour (18 units per kg per hour). Refer to Table 2.

Initial Heparin Infusion Rate	
Weight Range (kg)	Heparin Infusion Rate
Less than 40 kg	700 units per hour
40-49.9 kg	800 units per hour
50-59.9 kg	1000 units per hour
60-69.9 kg	1200 units per hour
70-79.9 kg	1400 units per hour
80 kg and greater	1500 units per hour

FORM#0DRME090M2 03/21 ISFLEM

Processed by:	Date & Time	Reviewed by:	Date & Time
Practitioner Printed Name	Practitioner Signature	Date	Time



PLEASE STAMP BELOW

HURON PERTH HEALTHCARE ALLIANCE

Allergies: NKA or: _____

Weight (kg) _____ Height (cm) _____

SCAN ALL ORDERS TO PHARMACY

MEDICATIONS cont.:

Maintenance Infusion: Adjust according to nomogram (Target PTT 60-85)

PTT (sec)	Bolus Dose (units)	Hold (minutes)	Rate Change (unit per hour)	Repeat PTT
Less than 50	See Table 1	0	Increase by 200 units per hour	In 6 hours
50-59.9	0	0	Increase by 100 units per hour	In 6 hours
60-85	0	0	No change	Next am
85.1-110	0	0	Decrease by 100 units per hour	Next am
Greater than 110	0	60 minutes	Decrease by 200 units per hour	In 6 hours

OTHER ORDERS:

Processed by:	Date & Time	Reviewed by:	Date & Time
Practitioner Printed Name	Practitioner Signature	Date	Time