SESLHD PROCEDURE

Anticoagulation with Intravenous Heparin Sodium Infusion

SESLHDPR/402

ACUTE STROKE

APPENDIX C - Acute Stroke Protocol

Protocol only to be used in consultation with the Attending Neurologist

IV Heparin Initiation Protocol Acute Stroke

Initial IV bolus dosage: Bolus RARELY required - seek advice of Attending Neurologist

Infusion:

 Use premixed solution of Heparin Sodium 25,000 units in 250 mL Sodium Chloride 0.9% (100 units per mL)

Initial infusion rate based on 15 units/kg/hr, rounded to nearest 0.1 mL/hour

The initial infusion rate should not exceed 1,000 units/hr

WEIGHT (kg)	Units per Hour	INFUSION PUMP RATE(<u>mL</u> per hour)
40	600	6
45	675	6.7
50	750	7.5
55	825	8.2
60	900	9
65	975	9.7
70	1050	10
Greater than 70	1050	10

IV Heparin Adjustment Nomogram (adjust infusion rate according to the APTT)					
APTT (seconds)	Stop Infusion	IV Rate Change (mL/hr)	Repeat APTT		
Less than 40	No	 Increase rate by 1 mL/hr from current rate 	4-6 hours		
40 to 44.9	No	 Increase rate by 0.5 mL/hr from current rate 	4-6 hours		
45 to 60	Therapeutic Range No change from current rate		 Repeat at 6 hours. After 2 consecutive therapeutic APTTs, check in 24 hours. Daily APTT while results are within therapeutic range 	ACUTE ST	
60.1 to 65	No	 Decrease rate by 0.5 mL/hr from current rate 	4-6 hours	STROK	
65.1 to 70	No	Decrease rate by 1 mL/hr from current rate	4-6 hours	m	
70.1 to 80	No	 Decrease rate by 2 mL/hr from current rate 	4-6 hours		
Greater than 80	• Stop for 120 minutes • MO review	Restart infusion <u>after 2 hours</u> and reduce previous rate by 2 mL/hr	6 hours after recommencing infusion		

Version: 8.1 Ref: T15/8425 Date: 15 November 2023 Page 19 of 19