

# SESLHD PROCEDURE

## Anticoagulation with Intravenous Heparin Sodium Infusion

SESLHDPR/402

### APPENDIX B – Higher Bleeding Risk Protocol (bleeding risk needs to be minimised) <sup>5</sup>

IV HEPARIN <u>HIGHER BLEEDING RISK</u> PROTOCOL (e.g. ACUTE CORONARY SYNDROME)	
<b>Initial IV bolus dosage:</b> <ul style="list-style-type: none"> <li>Use Heparin Sodium 5,000 units in 5 mL ampoules/ concentration</li> <li><b>For patients weighing 60 kg and over administer a bolus dose of 4000 units</b></li> <li><b>For patients weighing less than 60 kg administer a weight based bolus of 60units/kg</b> (calculated below)</li> <li>There may be circumstances where the bolus dose is omitted, for example if the patient is receiving another anticoagulant agent and a delayed onset of anticoagulant effect is required</li> </ul>	
Bolus Dose for Patients weighing 60 kg and over	
Weight (kg)	Bolus (Units)
60 kg and over	4000

HIGHER

Weight Based Bolus Dose	
Weight (kg)	BOLUS (Units)
40 kg	2400
45 kg	2700
50 kg	3000
55 kg	3300

BLEEDING RISK

IV HEPARIN <u>HIGHER BLEEDING RISK</u> PROTOCOL (e.g. ACUTE CORONARY SYNDROME)	
<b>Infusion Initiation Protocol:</b> <ul style="list-style-type: none"> <li>Use Premixed Solution of Heparin Sodium 25,000 units in 250 mL Sodium Chloride 0.9% (100 units per mL)</li> <li><b>Initial infusion rate based on 12 units/kg/hr</b>, rounded to nearest 1 mL per hour (calculated below)</li> <li>The <b>initial</b> infusion rate should not exceed 1,000 units/hr</li> </ul>	

Weight (kg)	Units per Hour	Infusion Pump Starting Rate (mL/hr)
40	480 Units	5
45	540 Units	5
50	600 Units	6
55	660 Units	7
60	720 Units	7
65	780 Units	8
70	840 Units	8
75	900 Units	9
80 and over	960 Units	10

PROTOCOL

# SESLHD PROCEDURE

## Anticoagulation with Intravenous Heparin Sodium Infusion

SESLHDPR/402

IV HEPARIN INFUSION RATE ADJUSTMENT NOMOGRAM (adjust infusion rate according to the APTT)				
APTT (seconds)	Bolus Dose	Stop Infusion	IV Rate Change (mL/hr)	Repeat APTT
Less than 45	Nil	No	<ul style="list-style-type: none"> <li>Increase rate by 1 mL/hr from current rate</li> </ul>	4-6 hours
45-70	<p align="center"><b>Therapeutic Range</b> No change from current rate</p>		<ul style="list-style-type: none"> <li>Repeat at 6 Hours</li> <li>After 2 consecutive therapeutic APTTs, check APTT in 24 hours</li> <li>Daily APTT while results are within therapeutic range</li> </ul>	
70.1 to 90	Nil	No	<ul style="list-style-type: none"> <li>Decrease rate by 1 mL/hr from current rate</li> </ul>	4-6 hours
90.1 to 105	Nil	No	<ul style="list-style-type: none"> <li>Decrease rate by 2 mL/hr from current rate</li> </ul>	4-6 hours
Greater than 105	Nil	<ul style="list-style-type: none"> <li>Yes - Stop for 90 minutes</li> <li>MO to assess patient for bleeding</li> </ul>	<ul style="list-style-type: none"> <li>Restart infusion <u>after 90 minutes</u> &amp; reduce previous rate by 2 mL/hr</li> </ul>	4-6 hours after recommencing infusion

Higher Bleeding Risk Protocol