

| DATE TIME | PHYSICIAN PROGRESS NOTES | DATE TIME | APPENDIX B PHYSICIAN ORDERS |
|--------------|--|--------------|--|
| | <p><u>DIRECTIONS:</u></p> <ul style="list-style-type: none"> • Orders without a <input type="checkbox"/> should be activated unless otherwise indicated • Orders which have a <input type="checkbox"/> must be checked to activate • Strike order if you want it deleted. | | <ol style="list-style-type: none"> 1. Obtain baseline CBC, PTT, PT and serum creatinine prior to start of lepirudin (Refludan) therapy if not done within the previous 24hrs. 2. Add heparin allergy to patient's allergy list. 3. Initial Dosing:(Max bolus 44mg : Max initial infusion 16.5mg/hr) <p>Dosing for patients with CrCl>60ml/min:</p> <p>BOLUS DOSE: 0.4mg/kg <input type="checkbox"/>:_____mg/kg</p> <p>INITIAL INFUSION – start immediately after the bolus: 0.15mg/kg/hr <input type="checkbox"/>:_____mg/kg/hr</p> <p>Dosing for patients with RENAL IMPAIRMENT: CrCl≤60ml/min (See lepirudin protocol or consult pharmacy for dosing guidelines)</p> <p>BOLUS DOSE: 0.2mg/kg <input type="checkbox"/>:_____mg/kg</p> <p>INITIAL INFUSION – start immediately after the bolus. <input type="checkbox"/>: 0.075mg/kg/hr <input type="checkbox"/>: 0.045mg/kg/hr <input type="checkbox"/>: 0.0225mg/kg/hr</p> 4. Obtain PTT 4hrs after start of lepirudin infusion. 5. MONITORING: <p>Maintain PTT between 42-70 seconds.</p> <ul style="list-style-type: none"> • If PTT is less than 28: Give a 0.2mg/kg bolus. Increase rate of infusion by 30%. Repeat PTT 4hrs after the rate change. • If PTT is 28-41.9: Increase rate of infusion by 20%. Repeat PTT 4hrs after the rate change. • If PTT is 42-70: Continue infusion at same rate. Repeat PTT in 4hrs. After 2 consecutive measurements in this range, change to QAM PTT checks. • If PTT is 70.1-84: Stop infusion for 1hr, then decrease infusion rate by 25%. Repeat PTT 4hrs after restarting the infusion. • If PTT is greater than 84: Stop infusion for 2hrs, then decrease infusion rate by 50%. Repeat PTT 4hrs after restarting the infusion. • If PTT is less than 28 or greater than 84 in 2 consecutive checks, call MD. • Call MD if PTT is greater than 100. 6. Obtain STAT PTT and call MD if evidence of bleeding occurs. 7. Obtain hemogram daily unless otherwise ordered during lepirudin therapy. 8. Stop PTTs and hemograms when lepirudin therapy is discontinued. 9. Hematology consult. <p>Prescriber Signature: _____</p> <p>Date/Time: _____</p> |

TheDaCare Hospitals

TITLE: LEPIRUDIN PROTOCOL FOR PATIENTS WITH HEPARIN INDUCED THROMBOCYTOPENIA & ASSOCIATED THROMBOEMBOLIC DISEASE

REVIEW DATE: 12/05

REVISED DATE:
SO NUMBER: 950

Page 1 of 1