

Intravenous High Intensity Heparin Nomogram – Venous Thromboembolism (DVT / PE)

- PT, PTT, CBC & other baseline labs per MD/LIP order prior to initiation of therapy. Baseline labs such as PTT should not be used for infusion rate adjustments per nomogram.
- PTT 6 hours after Heparin is instituted, then per nomogram until PTT is in target range
- PTT daily once PTT is in target range (for duration of Heparin infusion)
- CBC every other day while on Heparin
- Patient body weight: per MD/LIP: _____ kg (use initial body weight throughout Heparin therapy)

RN Signature: _____ Date: _____ Time: _____

INITIAL BOLUS: Per MD/LIP order. Heparin bolus IV Push x1, followed by initial infusion.

Usual Bolus Dose	Maximum Initial Bolus
80 units/kg rounded to the nearest 50 units	10,000 units

INITIAL INFUSION: Per MD/LIP order. Heparin 25,000 units/500 ml D5W (= 50 units/ml)

Usual Starting Dose	Maximum Initial Rate
18 units/kg/hr	1,800 units/hr (36mL/hr)

NOMOGRAM RATE ADJUSTMENT: HIGH INTENSITY HEPARIN with Goal PTT: 60-90 secs

PRN boluses per nomogram below require an MD/LIP order.

*Round PTT to the nearest whole number (If < 0.5 round down, if ≥ 0.5 round up)

PTT(in secs)*	Bolus	Stop Infusion	Rate of Infusion	Check PTT
< 50 secs	5000 units	0 min	Increase by 4 units/kg/hr	6 hrs
50 – 59 secs	0	0 min	Increase by 2 units/kg/hr	6 hrs
60 – 90 secs (goal)	0	0 min	No change	Next AM
91 – 105 secs	0	0 min	Decrease by 1 unit/kg/hr	6 hrs
106 – 120 secs	0	30 min	Decrease by 2 units/kg/hr	6 hrs after restarted
121 – 200 secs	0	60 min	Decrease by 3 units/kg/hr	6 hrs after restarted
> 200 secs	0	60 min	Decrease by 5 units/kg/hr, then call MD/LIP	4 hrs after restarted

RN to document bolus doses / rate changes in MAK/MAR per [Medications:Double Check](#) policy (Nursing Practice Manual).

Formula to calculate Heparin Infusion Rate: $\frac{\text{Total Units (in IV bag)}}{\text{Total Volume (ml)}} = \frac{\text{Units/hour (per patient's weight above)}}{\text{X (ml/hour)}}$

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