



CLINICAL POLICY

Pharmacist Review of Intravenous Heparin Infusions

A. EFFECTIVE DATE:

June 30, 2021

B. PURPOSE :

To promote appropriate ordering, dosing, administration and monitoring of therapeutic intravenous (IV) heparin.

C. POLICY :

1. Pharmacists shall verify therapeutic intravenous IV heparin upon order initiation and continuation.
2. Documentation of pharmacist verification will be recorded in the Electronic Health Record (EHR).

D. SCOPE :

Applies to all UConn Health inpatient units and the Emergency Department.

E. DEFINITIONS :

None

F. MATERIAL(S) NEEDED :

None

G. PROCEDURE :

1. Before validation of an initial order for therapeutic IV heparin, the pharmacist will determine the indication for use and verify the correct protocol has been used. There are different nomograms used for the management of IV heparin: high and low intensity. Verification includes a discussion with the prescriber or review of the EHR. The loading dose, intermittent correction bolus doses, and continuous infusion rates should also be reviewed to ensure appropriateness.
2. Upon validation and daily review the pharmacist will confirm with the patient's nurse to verify the following:
 1. Appropriate bolus dose based on indicated nomogram
 2. Appropriate continuous infusion rate based on indicated nomogram
 3. Appropriate pump settings
 4. Appropriate dose modifications based on PTT results
 5. Any other pertinent dosing or clinical questions, as needed.
3. Daily review of PTT results and rate of infusion for appropriate dosing changes should be reviewed.
4. The pharmacist will document both the initial and daily verification as an intervention in the EHR.
5. If a prescriber or nurse requests a pharmacist review the heparin order or asks for an additional visual check of the pump at any time, the pharmacist will assist during their shift.

H. ATTACHMENTS :

[Appendix I: Pharmacist Interventions \(Heparin IV Initial Dosing & Heparin IV Daily Follow-Up Assessment\)](#)

I. REFERENCES :

Joint Commission Standard Medication Management Standard 06.01.03

J. SEARCH WORDS :

Heparin, Nomogram, Anticoagulation

K. ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

L. STAKEHOLDER APPROVALS :

On File

M. COMMITTEE APPROVALS :

Medication Safety Committee 11/27/2018

N. FINAL APPROVAL :

- | | |
|---|---------------------------|
| 1. <u>Andrew Agwunobi, MD (Signed)</u>
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UConn Health Chief Executive Officer | <u>07/21/2021</u>
Date |
| 2. <u>Anne D. Horbatuck, (Signed)</u>
Anne D. Horbatuck, RN, BSN, MBA
Clinical Policy Committee Co-Chair | <u>07/21/2021</u>
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| 4. <u>Caryl Ryan (Signed)</u>
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Interim Chief Operating Officer, JDH
VP Quality and Patient Services & Chief Nursing Officer | <u>07/12/2021</u>
Date |

O. REVISION HISTORY :

Date Issued: 8/31/12

Date Revised: 10/30/15, 8/17/17, 11/28/18

Date Reviewed 8/31/12, 10/30/15, 8/18/17, 6/30/21