

## PROVIDER MANAGED INTRAVENOUS HEPARIN PROTOCOL PTT MONITORING

**\*\*Provider must order each dose adjustment - see algorithm below. NOT A NURSE-MANAGED PROTOCOL\*\***

### REGULAR Intensity (PTT Goal: 60 to 100)

PTT (seconds)	PRN RE-BOLUS (optional)	INFUSION HOLD TIME	CHANGE INFUSION DOSE (units/kg/hr)	NEXT PTT
< 40	50 units/kg, maximum 5,000 units	None	Increase by 3 units/kg/hr	6 hours
40-49	50 units/kg, maximum 5,000 units	None	Increase by 2 units/kg/hr	6 hours
50-59	25 units/kg, maximum 2,500 units	None	Increase by 1 units/kg/hr	6 hours
<b>60-100</b>	<b>None</b>	<b>None</b>	<b>NO CHANGE</b>	<b>6 hrs (after 2 consecutive PTTs in range, check PTT q AM)</b>
101-110	None	None	Decrease by 1 units/kg/hr	6 hours
111-120	None	None	Decrease by 2 units/kg/hr	6 hours
121-150	None	30 minutes	Decrease by 2 units/kg/hr	6 hours
151-199	None	60 minutes	Decrease by 3 units/kg/hr	6 hours

### «LOW» Intensity (PTT Goal: 60 to 80)

PTT (seconds)	PRN RE-BOLUS (optional)	INFUSION HOLD TIME	CHANGE INFUSION DOSE (units/kg/hr)	NEXT PTT
< 40	50 units/kg, maximum 5,000 units	None	Increase by 3 units/kg/hr	6 hours
40-49	50 units/kg, maximum 5,000 units	None	Increase by 2 units/kg/hr	6 hours
50-59	25 units/kg, maximum 2,500 units	None	Increase by 1 units/kg/hr	6 hours
<b>60-80</b>	<b>None</b>	<b>None</b>	<b>NO CHANGE</b>	<b>6 hrs (after 2 consecutive PTTs in range, check PTT q AM)</b>
81-100	None	None	Decrease by 1 units/kg/hr	6 hours
101-120	None	30 minutes	Decrease by 2 units/kg/hr	6 hours
121-150	None	60 minutes	Decrease by 2 units/kg/hr	6 hours
151-199	None	60 minutes	Decrease by 3 units/kg/hr	6 hours

### Management of PTT > 200

	CHECK TIMING OF SAMPLE	INSTRUCTIONS
> 200 (potentially contaminated or improperly timed sample)	If < 6 hours since most recent bolus or dose change	Continue infusion at current dose, and order repeat PTT at the appropriate time.
	If ≥ 6 hours since most recent bolus or dose change	<ol style="list-style-type: none"> <li>STOP HEPARIN INFUSION.</li> <li>Order repeat STAT PTT immediately.</li> <li>If repeat PTT &lt; 200, resume heparin according to heparin algorithm. If repeat PTT &gt; 200, follow steps below.</li> </ol>
> 200 (properly timed, non-contaminated sample)	<ol style="list-style-type: none"> <li>STOP HEPARIN INFUSION.</li> <li>Order repeat STAT PTT hourly until PTT &lt; 100.</li> <li>Then, resume infusion at DECREASED dose that is 4 units/kg/hr lower than previous dose and repeat PTT in 6 hours.</li> </ol>	