HEPARIN FLOW SHEET

Recommended Initial Doses - Based on diagnosis – See Physician Order Form Check appropriate box (See Physician Order Form) for Goal PTT

Goal PTT 79-118 seconds

LOW STANDARD BLEEDING RISK

Weight _____ kg

Goal PTT 70-103 seconds MEDIUM BLEEDING RISK Goal PTT 60-79 seconds

HIGH BLEEDING RISK POST-OP AND TRAUMA

Date/ Time Result	PTT (seconds)	Time of Bolus	Bolus Amount Heparin (units)	<u>Current</u> Heparin rate in units/kg/hr	<u>Time</u> Heparin Stopped	<u>Time</u> New rate started	<u>New</u> Heparin rate in units/kg/hr	<u>Time</u> Next PTT due 6 hrs after rate change	<u>RN</u> <u>Initials</u> 2 RN's for any bolus or dose Change	Comments
Baseline									/	
									/	
									/	
									/	
									/	
									/	
									/	
									/	
									/	
									/	
									/	
									/	

Signature: _____

Initials:

HEPARIN FLOWSHEET



VENTURA COUNTY HEALTH CARE AGENCY