## SESLHD PROCEDURE

# Anticoagulation with Intravenous Heparin Sodium Infusion

SESLHDPR/402

### **APPENDIX C - Acute Stroke Protocol**

Protocol only to be used in consultation with the Attending Neurologist

## **IV Heparin Initiation Protocol Acute Stroke**

Initial IV bolus dosage: Bolus RARELY required - seek advice of Attending Neurologist

#### Infusion:

 Use premixed solution of Heparin Sodium 25,000 units in 250 mL Sodium Chloride 0.9% (100 units per mL)

Initial infusion rate based on 15 units/kg/hr, rounded to nearest 0.1 mL/hour

The initial infusion rate should not exceed 1,000 units/hr

The Initial Initiation rate should not exceed 1,000 units/in				
WEIGHT (kg)	Units per Hour	INFUSION PUMP RATE( <u>mL</u> per hour) <b>↓</b>		
40	600	6		
45	675	6.7		
50	750	7.5		
55	825	8.2		
60	900	9		
65	975	9.7		
70	1050	10		
Greater than 70	1050	10		

IV Heparin Adjustment Nomogram (adjust infusion rate according to the APTT)				
APTT (seconds)	Stop Infusion	IV Rate Change (mL/hr)	Repeat APTT	
Less than 40	No	<ul> <li>Increase rate by</li> <li>1 mL/hr from current rate</li> </ul>	4-6 hours	
40 to 44.9	No	<ul> <li>Increase rate by</li> <li>0.5 mL/hr from current rate</li> </ul>	4-6 hours	
45 to 60	Therapeutic Range No change from current rate		<ul> <li>Repeat at 6 hours.</li> <li>After 2 consecutive therapeutic APTTs, check in 24 hours.</li> <li>Daily APTT while results are within therapeutic range</li> </ul>	ACUTE ST
60.1 to 65	No	Decrease rate by     0.5 mL/hr from current rate	4-6 hours	STROKE
65.1 to 70	No	Decrease rate by     1 mL/hr from current rate	4-6 hours	m
70.1 to 80	No	Decrease rate by     2 mL/hr from current rate	4-6 hours	
Greater than 80	• Stop for 120 minutes • MO review	Restart infusion <u>after 2 hours</u> and reduce previous rate by 2     mL/hr	6 hours after recommencing infusion	

ACUTE STROKE