

**Heparin Induced  
Thrombocytopenia (HIT) Treatment Adult Orders**

Directions: 1. Indicate choice when options are available by placing a check in the box   
 2. Mark through entire line any prechecked item you **do not** wish to order  ~~mark through~~

Attending Physician: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
 Observation Status  Admission for Inpatient Care  Admit or transfer to: \_\_\_\_\_ Unit  
**ALLERGIES:**  NKA **ALLERGIC to:** \_\_\_\_\_

Document weight in kilograms: \_\_\_\_\_

**MEDICATIONS:**

Discontinue any form of **heparin** on patient profile including: **heparin** infusion, subcutaneous **heparin**, **heparin** flushes, **enoxaparin (Lovenox)**, **fondaparinux (Arixtra)**, and **dalteparin (Fragmin)**

**For patient WITHOUT hepatic insufficiency, heart failure, multiple organ failure, severe anasarca or post-cardiac surgery:**

**Argatroban** 250 mg in Sodium Chloride 0.9% 250 ml continuous IV infusion at 2 mcg/kg/min, dose \_\_\_ mcg/min.

**For patient WITH hepatic insufficiency, heart failure, multiple organ failure, severe anasarca or post-cardiac surgery:**

**Argatroban** 250 mg in Sodium Chloride 0.9% 250 ml continuous IV infusion at 0.5 mcg/kg/min, dose \_\_\_\_\_ mcg/min.

Argatroban Rate Adjustment (Adjust rate after every aPTT level is drawn)	
aPTT 33 or less	Increase current rate by 50% (1.5 x current rate = new rate)
aPTT 34-39	Increase current rate by 25% (1.25 x current rate = new rate)
aPTT 40-83	No change
aPTT 84-96	Decrease current rate by 25% (0.75 x current rate = new rate)
aPTT 97 or more	Stop <b>argatroban</b> , draw aPTT every 2 hours until aPTT is within therapeutic range and restart at 50% of previous rate of infusion (0.5 x current rate = new rate)

**LABORATORY: (laboratory testing PRIOR to initiating Argatroban)**

- CCP (complete chemistry profile) for evaluation of hepatic or renal dysfunction
- CBC with Differential
- aPTT
- PT/INR
- HIT panel

**Patient Identification**

