# Bivalirudin Orders and Dosing Protocol for Heparin-Induced Thrombocytopenia (HIT) [30400913]

If appropriate for patient condition, please consider the following order sets:


## General

### Notify Provider

<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
</tr>
</thead>
</table>
| [X] Notify provider | Routine, Until discontinued, Starting today  
Pulse greater than:  
Respiratory rate less than:  
Respiratory rate greater than:  
Temperature greater than (celsius):  
Urine output less than (mL/hr):  
Systolic BP greater than:  
Systolic BP less than:  
Diastolic BP greater than:  
Diastolic BP less than:  
Other:  
If there is any evidence of bleeding or allergic reaction related to Bivalirudin |

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| [] Notify provider | Routine, Until discontinued, Starting today  
Pulse greater than:  
Respiratory rate less than:  
Respiratory rate greater than:  
Temperature greater than (celsius):  
Urine output less than (mL/hr):  
Systolic BP greater than:  
Systolic BP less than:  
Diastolic BP greater than:  
Diastolic BP less than:  
Other:  
If INR less than 2 (2.5 for valve replacement) during Warfarin transition |

<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>[] Other</td>
<td>Coagulation</td>
</tr>
</tbody>
</table>

## Labs

Coagulation
PROVIDER INITIAL: __________

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<table>
<thead>
<tr>
<th>Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bivalirudin</strong></td>
</tr>
</tbody>
</table>
| [X] Activated partial thromboplastin time | Once, Starting today For 1 Occurrences
- Draw PTT prior to bivalirudin administration (when transitioning from heparin therapy, PTT should be drawn after heparin discontinuation)
- Draw PTT 2 hours after the start of infusion
- Draw PTT every 2 hours after each dose adjustment until 2 consecutive results are within therapeutic range
- Draw PTT every AM once in therapeutic range |
| [X] Protime-INR | As needed, Starting today
- Draw PT prior to bivalirudin administration (when transitioning from heparin therapy, PT should be drawn after heparin discontinuation)
- Draw PT/INR daily while on warfarin (Coumadin) |
| [] Other |

**Medications**

**Bivalirudin**

- Pharmacy consult: Bivalirudin for HIT Routine, Once, Starting today
- bivalirudin (ANGIOMAX) infusion IntraVENous
  - Titrated
  - Pharmacy to dose: After initial dose of bivalirudin, the dose is adjusted until the PTT is 1.5 to 2.5 times the initial baseline value (not to exceed 100 seconds).
  - Dose Adjustment:
    - For PTT less than **increase rate from previous by 20% (1.2 times current rate=new rate); draw next PTT two hours after rate change**
    - For PTT Greater than **hold infusion for 1 hour then restart at ½ the previous rate (0.5 times current rate; draw next PTT two hours after rate change.**
    - Draw PTT and PT prior to bivalirudin administration (when transitioning from heparin therapy, PTT and PT should be drawn after heparin discontinuation)
    - Draw PTT 2 hours after the start of infusion
    - Draw PTT every 2 hours after each dose adjustment until 2 consecutive results are within therapeutic range
    - Draw PTT every AM once in therapeutic range
    - Draw PT/INR daily while on warfarin (Coumadin) Routine

- Other

**Warfarin (Coumadin) Transition**

Discontinue bivalirudin when INR greater than 3.0 after an overlap of 5 days of bivalirudin and warfarin (Coumadin) has occurred

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Franciscan Health System
St. Joseph Medical Center
St. Francis Hospital - St. Clare Hospital
St. Elizabeth Hospital - St. Anthony Hospital
Highline Medical Center
Harriman Medical Center
Franciscan Medical Group
Harriman HealthPartners
Regional Hospital

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PHYSICIAN ORDERS

PATIENT INFORMATION
<table>
<thead>
<tr>
<th>Drug Type</th>
<th>Protocol Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warfarin (COUMADIN) per MD</td>
<td>Routine, See admin instructions - Initiate warfarin (coumadin) only when platelet count has recovered (usually greater than 150,000) - Discontinue Bivalrudin when INR greater than 3.0 after an overlap of 5 days of bivalrudin and warfarin (Coumadin) has occurred. - Draw INR 4 hours after Bivalrudin discontinued - If INR less than 2 (or 2.5 for valve replacement) notify prescriber</td>
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<tr>
<td>Warfarin (COUMADIN) per Pharmacy protocol</td>
<td>Routine, See admin instructions - Initiate warfarin (coumadin) only when platelet count has recovered (usually greater than 150,000) - Discontinue Bivalrudin when INR greater than 3.0 after an overlap of 5 days of bivalrudin and warfarin (Coumadin) has occurred. - Draw INR 4 hours after Bivalrudin discontinued - If INR less than 2 (or 2.5 for valve replacement) notify prescriber</td>
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