### Glycoprotein IIB/IIIA Administration Checklist

#### Eptifibatide (Integrilin) or abciximab (ReoPro)

**Checklist Questions – RN to document this Checklist in the Glycoprotein IIB/IIA Flowsheet**

If ANY of the following are positive Glycoprotein IIB/IIIA may be contraindicated.

- Within 6 Weeks Major Surgery
- Active Internal bleeding (GI Bleed, Ulcer, Hemorrhoids, Urinary bleeding ect.)
- Major Trauma (Fractures, Head injury, Prolonged (CPR)
- Pregnant, Possibility of Pregnancy, Recent Delivery
- Within 7 Days Administration of Oral Anticoagulant (Warfarin (Coumadin), dabigatram (Pradaxa), rivaroxban (Xarelto)
- Other History of Stroke When?
- Platelet count less than 100,000
- Severe Hypertension (Systolic Blood Pressure /greater than 200 mmHg or Diastolic Blood Pressure greater than 110 mmHg)
- End Stage Renal Disease (Renal Dialysis) For Renal Dysfunction use abciximab (ReoPro)
- Hepatic Disease - For Hepatic Dysfunction use Eptifibatide (Integrilin)

### General

#### Nursing Assessment

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X]</td>
<td>Height and weight Routine, Once, Starting today For 1 Occurrences</td>
</tr>
<tr>
<td>[X]</td>
<td>Complete glycoprotein IIB/IIIA checklist Routine, Once, Starting today For 1 Occurrences, If any answers are positive, Notify physician immediately. Glycoprotein IIB/IIIA may be contraindicated.</td>
</tr>
<tr>
<td>[ ]</td>
<td>Other</td>
</tr>
</tbody>
</table>

#### Medications

**Nursing Communication - Weight based dosing table**

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>Follow Eptifibatide (Integrilin) and abciximab (ReoPro) weight based dosing table Routine, Until discontinued, Starting today</td>
</tr>
<tr>
<td>[ ]</td>
<td>Other</td>
</tr>
</tbody>
</table>

**Eptifibatide (Integrilin) Acute Coronary Syndrome**

If patient is dependent on renal dialysis, avoid eptifibatide (integrilin), consider abciximab (Reopro)

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>Acute coronary Syndrome - Standard Dose “Followed by” Linked Panel [Patient with calculated creatinine clearance greater than or equal to 50 ml/minute]</td>
</tr>
</tbody>
</table>
Glycoprotein IIB/IIIA Inhibitors eptifibatide or abciximab

**Physician Orders**

**Patient Information**

**Eptifibatide (Integrilin) Stent**

**And Linked Panel**

- **Eptifibatide Stent - Standard Dose Panel**
  - eptifibatide (INTEGRILIN) bolus 0.75 mg/mL
    - 180 mcg/kg, IntraVenous, for 1 Minutes, Once, For 1 Doses
    - First BOLUS *** mg (180 mcg/kg IV push over 1 minute). Eptifibatide (integrilin) 0.75 mg/ml - Adjust for renal function.
    - Routine **REQUIRED**
  - eptifibatide (INTEGRILIN) infusion 0.75 mg/mL
    - 2 mcg/kg/min, IntraVenous, Continuous
    - Immediately following first bolus start infusion: 2 mcg/kg/minute *** ml/hour over *** hours then discontinue. Eptifibatide (integrilin) 0.75 mg/ml - Adjust for renal function.
    - Routine **REQUIRED**
  - eptifibatide (INTEGRILIN) bolus 0.75 mg/mL
    - 180 mcg/kg, IntraVenous, for 10 Minutes, Once, Starting H+10 Minutes, For 1 Doses
    - 10 minutes after first bolus administer 2nd bolus *** mg (180 mcg/kg IV push over 1 minute). Eptifibatide (integrilin) 0.75 mg/ml - Adjust for renal function.
    - Routine **REQUIRED**

**Eptifibatide Stent - Reduced Dose Panel**

- **And Linked Panel**
  - eptifibatide (INTEGRILIN) bolus 0.75 mg/mL
    - 180 mcg/kg, IntraVenous, for 1 Minutes, Once, For 1 Doses
    - First BOLUS *** mg (180 mcg/kg IV push over 1 minute). Eptifibatide (integrilin) 0.75 mg/ml - Adjust for renal function.
    - Routine **REQUIRED**
  - eptifibatide (INTEGRILIN) infusion 0.75 mg/mL
    - 1 mcg/kg/min, IntraVenous, Continuous
    - Immediately following first bolus start infusion: 1 mcg/kg/minute *** ml/hour over *** hours then discontinue. Eptifibatide (integrilin) 0.75 mg/ml - Adjust for renal function.
    - Routine **REQUIRED**
  - eptifibatide (INTEGRILIN) bolus 0.75 mg/mL
    - 180 mcg/kg, IntraVenous, for 10 Minutes, Once, Starting H+10 Minutes, For 1 Doses
    - 10 minutes after first bolus administer 2nd bolus *** mg (180 mcg/kg IV push over 1 minute). Eptifibatide (integrilin) 0.75 mg/ml - Adjust for renal function.
    - Routine **REQUIRED**

**Abciximab (Reopro) - Stent**

- CBC, no diff (hemogram)
  - Once, Starting today
  - Following procedure for patient on Abciximab (rePor) and Eptifibatide (Integrilin)

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**Provider Initial:** ______________________
### Stent-Standard Dose

<table>
<thead>
<tr>
<th>Type</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>abciximab (REOPRO) IV infusion (for patient weight less than 80 Kg)</td>
<td>0.125 mcg/kg/min, Intravenous, for 12 Hours, Continuous. Immediately following Bolus start infusion: 0.125 mcg/kg/minute over 12 hours with a concentration of: ***mg/250ml 5% dextrose in water (D5W) or 0.9% Sodium Chloride (Normal Saline) Filter abciximab with 0.2 - 0.5 micron filter when withdrawing from vial and to prepare bag and bolus. Infusion Rate: 21 ml/hour over 12 hours. Patient less than 80 kg (maximum infusion dose - 10 mcg/minute over 12 hours) Routine: REQUIRED</td>
</tr>
<tr>
<td>abciximab (REOPRO) injection - Bolus</td>
<td>0.25 mg/kg, Intravenous, Once, For 1 Doses. Bolus: ***mg (0.25 mg/kg IV push over 1-2 minutes) with a concentration of: ***mg/250ml 5% dextrose in water (D5W) or 0.9% Sodium Chloride (Normal Saline) Filter abciximab with 0.2 - 0.5 micron filter when withdrawing from vial and to prepare bag and bolus Routine: REQUIRED</td>
</tr>
<tr>
<td>abciximab (REOPRO) IV (for patient weight greater than or equal to 80 Kg)</td>
<td>10 mcg/kg/min, Intravenous, for 12 Hours, Once, For 1 Doses. Immediately following Bolus start infusion: Infusion Rate: 21 ml/hour over 12 hours with a concentration of: ***mg/250ml 5% dextrose in water (D5W) or 0.9% Sodium Chloride (Normal Saline) Filter abciximab with 0.2 - 0.5 micron filter when withdrawing from vial and to prepare bag and bolus 10 mcg/minute over 12 hours. Patient greater than or equal to 80kg (maximum infusion dose - 10 mcg/minute over 12 hours) Routine: REQUIRED</td>
</tr>
</tbody>
</table>

Date: _____ Time: _____ Printed Name of Ordering Provider: ________________________

Provider Signature: ________________________

Date: _____ Time: _____ RN Acknowledged: ________________________