

Heparin **DERBY ONLY**

Indication	Anticoagulation of Renal Replacement (RRT) Circuits. Systemic Anticoagulation where enoxaparin is inappropriate or contra-indicated.
Dose	<p>CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT): 10units per kg per hour via the PRISMAFLEX machine to keep APTTR <1.4</p> <ul style="list-style-type: none"> If weight UNDER 50kg use IDEAL BODY WEIGHT <p>SYSTEMIC ANTICOAGULATION: As per UHDB Anticoagulation chart</p>
Preparation	<p>Heparin ampoules contain 20,000units per 20ml (1000units per ml)</p> <p>FOR SYSTEMIC ANTICOAGULATION Draw up 20ml (20,000units) of heparin into a 30ml syringe using a filter needle.</p> <p>FOR CRRT</p> <ul style="list-style-type: none"> Draw up 10ml (10,000units) of heparin into a 20ml syringe using a filter needle Draw up 10ml of Sodium Chloride 0.9% to make a final volume of 20ml
Administration	<p>CRRT: Infusion via the PRISMFlex machine</p> <p>SYSTEMIC: Infusion via peripheral or central line</p>
Shelf-life	24hours at room temperature
Common Compatibility Issues	Consult unit compatibility chart for more information.

Additional information	<p>APTTR (part of Coagulation Screen) must be measured every 4-6hours after the start of the infusion or change in infusion rate. This should continue until three levels are within range.</p> <p>The patient should be monitored for signs of bleeding and as per renal replacement guidelines.</p> <p>Target APTTR changes depending on indication – see below for Renal Replacement Therapy or the UHDB Anticoagulation chart for all other indications.</p> <p>Renal Replacement Therapy Only: In patients with increased risk of bleeding or pre-therapy APTTR greater than 1.4 request a medical review before starting heparin.</p> <p>After starting heparin APTTR should be less than 2. Any APTTR greater than 2 should prompt a medical review and management as per CRRT Guidelines.</p>																																								
	Sample Label	<p>FOR CONTINUOUS RENAL REPLACEMENT THERAPY CRRT</p> <table border="1" style="width: 100%; background-color: #ffff00;"> <tr> <th colspan="4" style="text-align: center;">DRUGS ADDED TO THIS INFUSION</th> </tr> <tr> <td colspan="3">PATIENT <i>A. Patient (A. Number)</i></td> <td>WARD <i>ICU</i></td> </tr> <tr> <td>DRUG <i>Heparin In 20ml sodium chloride 0.9%</i></td> <td>AMOUNT <i>10,000units (500units/ml)</i></td> <td>ADD BY</td> <td>CHECK BY</td> </tr> <tr> <td>DATE ADDED TIME ADDED</td> <td colspan="2">EXP. DATE EXP. TIME</td> <td>BATCH No.</td> </tr> <tr> <td colspan="4" style="text-align: center;">DISCONTINUE IF CLOUDINESS OR PRECIPITATE DEVELOPS</td> </tr> </table> <p>FOR SYSTEMIC ANTICOAGULATION</p> <table border="1" style="width: 100%; background-color: #ffff00;"> <tr> <th colspan="4" style="text-align: center;">DRUGS ADDED TO THIS INFUSION</th> </tr> <tr> <td colspan="3">PATIENT <i>A. Patient (A. Number)</i></td> <td>WARD <i>ICU</i></td> </tr> <tr> <td>DRUG <i>Heparin Total Volume: 20ml</i></td> <td>AMOUNT <i>20,000units (1000units/ml)</i></td> <td>ADD BY</td> <td>CHECKED BY</td> </tr> <tr> <td>DATE ADDED TIME ADDED</td> <td colspan="2">EXP. DATE EXP. TIME</td> <td>BATCH No.</td> </tr> <tr> <td colspan="4" style="text-align: center;">DISCONTINUE IF CLOUDINESS OR PRECIPITATE DEVELOPS</td> </tr> </table>	DRUGS ADDED TO THIS INFUSION				PATIENT <i>A. Patient (A. Number)</i>			WARD <i>ICU</i>	DRUG <i>Heparin In 20ml sodium chloride 0.9%</i>	AMOUNT <i>10,000units (500units/ml)</i>	ADD BY	CHECK BY	DATE ADDED TIME ADDED	EXP. DATE EXP. TIME		BATCH No.	DISCONTINUE IF CLOUDINESS OR PRECIPITATE DEVELOPS				DRUGS ADDED TO THIS INFUSION				PATIENT <i>A. Patient (A. Number)</i>			WARD <i>ICU</i>	DRUG <i>Heparin Total Volume: 20ml</i>	AMOUNT <i>20,000units (1000units/ml)</i>	ADD BY	CHECKED BY	DATE ADDED TIME ADDED	EXP. DATE EXP. TIME		BATCH No.	DISCONTINUE IF CLOUDINESS OR PRECIPITATE DEVELOPS		
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Documentation Controls

Development of Guideline:	Pharmacist – Critical Care & Theatres
Consultation with:	Pharmacy Department, Critical Care Nursing & Medical teams
Approved By:	Adult Drug Monograph Process Written/Reviewed by Munthar Miah December 2023 Checked By: Tien Vu Dec 2023
Review Date:	December 2026
Key contact:	Pharmacist – Critical Care & Theatres

References

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***** End of Monograph *****