



STAT/NOW

DATE: _____ **TIME:** _____

CHECK HERE IF SPECIALIZED ORDER FORM ALSO NEEDED

(All orders are to be carried out unless crossed through - must ✓ those with and fill in blanks)
 Note: This protocol is not for pregnant patients or those with complex coagulopathies or thrombolytic therapy.
 Dose modification is required for hepatic impairment and not for renal impairment.

1. Place argatroban monitoring flowsheet in chart.

2. D/C IV/SC Heparin, Heparin flushes, Enoxaparin, Warfarin and _____

3. **Make calculations based on a total body weight of _____ Kg (Round off to nearest 10 Kg)**

4. GWUH standard concentration 1000 mcg/cc Argatroban (250 mg Argatroban/250cc 0.9% NaCl)

5. Start IV Argatroban chip at 2.0 mcg/kg/min (_____ ml/hr) Use initial Infusion rate chart below.
 Start IV Argatroban drip at 1.0 mcg/kg/min (_____ ml/hr) Use initial Infusion rate chart below.
 This is generally the dose for mild hepatic insufficiency.
 Start IV Argatroban drip at 0.5 mcg/kg/min (_____ ml/hr) Use initial Infusion rate chart below.
 This is generally the dose for moderate to severe hepatic insufficiency.

6. The **GOAL** is to obtain a PTT value in the 50-90 second range Other _____ range

7. **IV Argatroban drip adjustments to be made as per the Dose Adjustment Chart below.**
 PTT < 50 _____ **Increase** infusion by 0.5 mcg/kg/min (_____ ml/hr).
 PTT 50-90 _____ **PTT GOAL:** No change in infusion
 PTT = 91-150 _____ **Decrease** infusion by 0.5 mcg/kg/min (_____ ml/hr).
 PTT > 150 _____ **Hold** Argatroban. Notify physician. Recheck PTT q2hrs until < 91, then decrease infusion by 0.5 mcg/kg/min (_____ ml/hr) and restart.

8. Check initial PTT stat. Repeat PTT every 2 hours until in **GOAL** range X 2 consecutively; then PTT daily while on IV Argatroban.

9. If newly diagnosed heparin induced thrombocytopenia, daily CBC.

10. Dose infusion in mcg/kg/min. If pump does not have dose-rate calculator, use chart below for guideline.

Initial Infusion Rate in ml/hr * NOTE: DO NOT EXCEED 140 Kg FOR DOSING CALCULATIONS *****

Wt (Kg)	<40	40	50	60	70	80	90	100	110	120	130	140
2.0 mcg/kg/min	5	5	6	7	8	9	10	12	13	14	15	16
1.0 mcg/kg/min	2	3	3	4	4	5	5	6	7	7	8	9
0.5 mcg/kg/min	1	1.5	2	2	2	2	2.5	3	3	3.5	4	4

Dose adjustment in ml/hr * NOTE: DO NOT EXCEED 140 Kg FOR DOSING CALCULATIONS *****

Wt (Kg)	<40	40	50	60	70	80	90	100	110	120	130	140
0.5 mcg/kg/min	1	1	1.5	2	2	2	3	3	3	3.5	4	4

Nurse Signature & Title _____ Date _____ Time _____

PHYSICIAN'S SIGNATURE _____ BEEPER NO. _____

THE GEORGE WASHINGTON UNIVERSITY HOSPITAL



Patient Label



PO0020

**IV ARGATROBAN
 PROTOCOL ORDERS**

72-025 (06/09)

