Incorporated Dosing Guidelines:
Intravenous Heparin Therapy Initial Dose

	IV Push (Bolus Dose)	IV Push (Max Dose)	IV Infusion Rate (IV Rate)	IV Infusion Rate (Max Dose)	Lab Tests
High Dose	80 units/kg	8,000 units	18 units/kg/hr	1,800 units/hr	PTT 6 hours after order entry CBC with platelet count the following morning
Intermediate Dose	60 units/kg	5,000 units	15 units/kg/hr	1,000 units/hr	
Low Dose	60 units/kg	4,000 units	12 units/kg/hr	1,000 units/hr	
No Bolus	n/a	-	15 units/kg/hr	1,000 units/hr	

Source: Snow et al. "Management of Venous Thromboembolism: A Clinical Practice Guideline from the American College and the Amercian Academy of Family Physicians." Annals of Internal Medicine, 2007; 146:204-210.

Incorporated Dosing Guidelines:
Intravenous Heparin Therapy Adjustment Dose

	High Dose		Low Dose	
	IV Push (Bolus Dose)	**IV Infusion Rate (IV Rate)**	**IV Push (Bolus Dose)**	**IV Infusion Rate (IV Rate)**
aPTT Range 1 (<1.2 x control)	80 units/kg	22 units/kg/hr	60 units/kg	16 units/kg/hr
aPTT Range 2 (1.2 – 1.5 x control)	40 units/kg	20 units/kg/hr	30 units/kg	15 units/kg/hr
aPTT Range 3 (1.5 – 2.0 x control)	No change		No change	
aPTT Range 4 (2.1 – 3.0 x control)	n/a	16 units/kg/hr	n/a	9 units/kg/hr
aPTT Range 5 (>3.0 x control)	n/a	Stop infusion for 1 hour, then 15 units/kg/hr	n/a	Stop infusion for 1 hour, then 8 units/kg/hr
Max Dose	8,000 units	1,800 units/hr	4,000 units	1,000 units/hr
Lab Test	aPTT lab test should be performed 6 hours of dose adjustment.			

Source: Snow et al. "Management of Venous Thromboembolism: A Clinical Practice Guideline from the American College and the Amercian Academy of Family Physicians." Annals of Internal Medicine, 2007; 146:204-210.

Incorporated Dosing Guidelines: Dalteparin and Enoxaparin Therapy

	Dalteparin (Fragmin)			Enoxaparin (Lovenox)		
	Daily	**Every 12 hours**	**Unstable Angina**	**Daily**	**Every 12 hours**	**Renal Failure**
Max. Dose	20,000 units	10,000 units	10,000 units q daily	300 mg	150 mg	150 mg q daily
Dose	200 units/kg sc q daily	100 units/kg sc q 12h	120 units/kg sc q daily	1.5 mg/kg sc q daily	1 mg/kg sc q12h	1mg/kg/day
Max. Weight	n/a			150 kg		
Min. Weight	n/a			<57 kg in males <45 kg in females		

* Medical Directors across HHC have endorsed the interchangeable use of Enoxaparin and Dalteparin.

Source: Fragmin and Lovenox product insert. Existing Lincoln Medical and Mental Health Center Low Molecular Weight dosing guidelines. Existing Queens Hospital Center dosing guidelines for Lovenox.

Incorporated Dosing Guidelines: 5.0-mg Warfarin Initiation Nomogram

	INR Lab Result	Warfarin Dose
Day 1	-	5.0 mg
Day 2	-	5.0 mg
Day 3	<1.5 1.5 – 1.9 2.0 – 3.0 >3.0	10.0 mg 5.0 mg 2.5 mg 0.0 mg
Day 4	<1.5 1.5 – 1.9 2.0 – 3.0 >3.0	10.0 mg 7.5 mg 5.0 mg 0.0 mg
Day 5	<2.0 2.0 – 3.0 >3.0	10.0 mg 5.0 mg 0.0 mg
Day 6	<1.5 1.5 – 1.9 2.0 – 3.0 >3.0	12.5 mg 10.0 mg 7.5 mg 0.0 mg

Source: Quiroz et al. "Comparison of a Single End Point to Determine Optimal Initial Warfarin Dosing (5-mg versus 10-mg) for Venous Thromboembolism". American Journal of Cardiology, 2006; 98: 535-537.

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