Post-procedure Orders: EKOS REMOVAL Following Peripheral Thrombolysis

Admission:
- See patient status certification order already completed by MD
- Transfer to CVICU
- Transfer to 3HVT after ______ hours in CVICU
- Transfer to 7 Buxton after _______ hours in CVICU

Diagnosis:

Nursing:
- Vital Signs on admission and post sheath removal with continuous pulse oximetry
  Q 15 min X 4, Q 30 min X 2, then Q 1 hour.
- Site assessment and Vascular checks of _______________affected extremity
  on admission and post sheath removal:
  Q 15 min X 4, Q 30 min X 2, Q 1 hr X 4 , then Q (4) ______ hr.
- Notify physician for:
  - Bleeding or hematoma at the access site
  - Decreased sensation, numbness, tingling or change in color of extremity
  - Loss of distal pulse
  - SBP < (90mmHg) ______ or > (180mmHg) ______; DBP < (40mmHg) ______ or
  > (100mmHg) ______; HR < (50/min) ______ or > (120/min) ______;
  - RR > (30/min) _______; Temp > (101°F) _______; O2 sats < (90%) ________;
  - Urine Output < (60mL/hr over 2hrs) _______.
- Strict bedrest x ______________ hours. Keep affected extremity immobile while on bedrest; HOB may be elevated to maximum of 30 degrees.
- Neuro Checks Q (4) ______ hr; notify MD for all changes in neuro exam
- Discontinue foley catheter when patient off bedrest (as applicable)
- If 2 consecutive PTT < 50 while on uninterrupted heparin infusion, call MD for possible STAT hematology consult for 'possible heparin resistance'.

For Sheath Removal Only:
- Discontinue heparin at ________AM/PM.
- ACT _______ hours after heparin discontinued. If ACT < 150, remove sheath per policy. If ACT > 150, check ACT Q 1 hour until ACT < 150, then remove sheath per policy.
- Remove sheath per policy in _______ hours or at ________AM/PM.
- Keep affected extremity immobile while sheath in place and during bedrest; no groin flexion for affected lower extremity.
- Sterile dressing applied for ______ hours.
- Pressure dressing, remove in ______ hours.
- ______ hours after sheath removal OOB to chair.

Nutrition / Diet:
- Pre-procedure diet
- Other _____________________________

Labs:
- Discontinue any previous lab orders for fibrinogen.
- If heparin infusion ordered on page 2, PTT-heparin per protocol
- CBC daily if heparin or enoxaparin ordered on page 2.
- Creatinine every other day if enoxaparin ordered on page 2.

IV Fluids
- 0.9% sodium chloride at _________ mL/hr x ___________ hours
- Other: _________ at _________ mL/hr x ___________ hours.
- INT IV access.

MD Signature:                          Date:                         Time:
RN Signature:                          Date:                         Time:
Post-procedure Orders: EKOS REMOVAL Following Peripheral Thrombolysis

Medications:

- Enoxaparin 1mg/kg subcutaneously every 12 hours
  - See completed [Enoxaparin (Lovenox) Protocol](#) (for therapeutic anticoagulation)

- Begin oral anticoagulant (agent-specific order sheet must be completed by physician)

- **Heparin 25,000 units/250 mL D5W (100 units/mL); start infusion 2 hours after sheath out.**
  - See Completed Heparin Infusion Protocols; High Dose, Aggressive Bolus Protocol
  - Begin at _____________ AM/PM
  - **Initial Bolus:**
    - no initial bolus
    - initial bolus per protocol
  - **Infusion:**
    - begin at previous infusion rate that resulted in PTT 50-75. If this did not occur, begin per protocol (18 units/kg/hr, maximum rate = 2000 units/hr)
  - Record heparin parameters on the Heparin Flowsheet
  - discontinue use of Heparin Flowsheet with TPA infusion for peripheral thrombolysis

<table>
<thead>
<tr>
<th>MD Signature:</th>
<th>Date:</th>
<th>Time:</th>
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<tbody>
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<th>RN Signature:</th>
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Originated: 6/14
Revised: 10/14
Heparin for Large Clot-burden DVT/PE Flowsheet

Keep in MAR section of the Chart

Initial Heparin Infusion ________ units/hr, started at ___________ (date and time) Signature______________________

<table>
<thead>
<tr>
<th>Date/ Time of Lab draw</th>
<th>PTT</th>
<th>Current Rate</th>
<th>Change needed</th>
<th>Change made at (time)</th>
<th>On hold until (time)</th>
<th>Bolus (units)</th>
<th># units/hr ↑ or ↓</th>
<th>New rate (mL/hr)</th>
<th>PTT* due at (time)</th>
<th>Reason for infusion interruption</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
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* Time of repeat PTT is from the time that the infusion rate is changed

If 2 consecutive PTT < 50 while on uninterrupted heparin infusion, call MD for possible STAT hematology consult for 'possible heparin resistance'

Table 2: Heparin for Large Clot-burden DVT/PE Protocol Adjustment

<table>
<thead>
<tr>
<th>PTT (sec)</th>
<th>Bolus Dose and Rate Change</th>
<th>Repeat PTT</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 40</td>
<td>Bolus 5000 units Increase rate by 300 units/hr</td>
<td>6 hrs from the time rate is increased</td>
</tr>
<tr>
<td>40-49</td>
<td>Bolus 4000 units Increase rate by 200 units/hr</td>
<td>6 hrs from the time rate is increased</td>
</tr>
<tr>
<td>50-59</td>
<td>Bolus 3000 units Increase rate by 100 units/hr</td>
<td>6 hrs from the time rate is increased</td>
</tr>
<tr>
<td>60-75</td>
<td>No Change</td>
<td>12 hours</td>
</tr>
<tr>
<td>76-87</td>
<td>Decrease rate by 100 units/hr</td>
<td>6 hrs from the time rate is decreased</td>
</tr>
<tr>
<td>88-96</td>
<td>Hold infusion 1 hour Decrease rate by 200 units/hr</td>
<td>6 hrs from the time rate is decreased</td>
</tr>
<tr>
<td>&gt; 96</td>
<td>Hold infusion 1 hour Decrease rate by 300 units/hr</td>
<td>6 hrs from the time rate is decreased</td>
</tr>
</tbody>
</table>

Origin Date: 6/2014