For use in patients with confirmed or suspected heparin-induced thrombocytopenia
Use with caution in patients with moderate to severe hepatic impairment

**Initial Orders Prior to Initiation**
- Baseline PTT, INR, CBC, and Liver Panel (if not drawn during current visit)
- PF4 if not already done, Heparin-Associated Antibody (HIT) if not already done
- Discontinue all heparin (including flushes), enoxaparin, fondaparinux, and coumadin

**Target Therapeutic PTT Range**
- Target PTT range is 1.5 – 3 times patient's baseline PTT value (not to exceed 100 seconds).
- Target PTT range ___60_____ to ___100____ seconds, based on baseline PTT ________________

**Initiation of Argatroban & Monitoring**
- Patient weight ________________ kg. Use actual body weight.
- Initial infusion
  - 2 mcg/kg/min
  - OR
  - 0.5 mcg/kg/min (hepatic impairment) or (multi-organ failure)
- Discontinue if patient is currently on
  - heparin wait 1 hour before starting argatroban
  - enoxaparin wait 6 hours before starting argatroban
  - fondaparinux wait 8 hours before starting argatroban
- Draw PTT 2 hours after initiation of argatroban

**Argatroban Dosage Adjustment Based on Target PTT Range**
- Adjust the argatroban dose as follows to maintain PTT 60 – 100 seconds
  - 2mcg/kg/min:
    - If PTT < 50 seconds, increase dose by 1 mcg/kg/min
    - If PTT 50 – 60 seconds, increase dose by 0.5 mcg/kg/min
    - If PTT 60 – 100 seconds, no change
    - If PTT 100 – 110 seconds, decrease by 0.5 mcg/kg/min
    - If PTT 110 – 130 seconds, decrease by 1 mcg/kg/min
    - If PTT > 130 stop infusion call physician
  - 0.5 mcg/kg/min:
    - If PTT < 50 seconds, increase dose by 0.2 mcg/kg/min
    - If PTT 50 – 60 seconds, increase dose by 0.1 mcg/kg/min
    - If PTT 60 – 100 seconds, no change
    - If PTT 100 – 110 seconds, decrease by 0.1 mcg/kg/min
    - If PTT 110 – 130 seconds, decrease by 0.2 mcg/kg/min
    - If PTT > 130 stop infusion call physician

- Draw PTT 2 hours after each dosage adjustment, if first PTT in reference range and no change is needed draw another PTT in 6 hours.
- When 2 consecutive PTTs are between 60 – 100 without a rate change then repeat PTT once daily
- Do not exceed argatroban rate of 10mcg/kg/min ________________________________

Initials ________________

Argatroban Protocol  
Version 4  05/14/2014
Patient Name: ____________________________

Order Set Directions:
- (✓) Check orders to activate. Orders with pre-checked box ☑ will be followed unless lined out.
- Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made.
- Initial each page and Sign/Date/Time last page.

Routine Orders
- CBC daily
- INR daily if on warfarin (Coumadin) – see Argatroban Conversion to Warfarin Therapy section
- Discontinue PRN aspirin and NSAID orders
- No IM injections while on argatroban
- Notify physician if clinically apparent bleeding or guaiac positive stools