(place patient label here)
Patient Name:___________________________

PROVIDER ORDERS

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**
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Diagnosis: ____
Allergies with reaction type:____

Argatroban Protocol

Version 4 05/14/2014

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__________

(place patient label here)
Patient Name:
____

PROVIDER ORDERS

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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

Provider Signature:____Date:__________Time:_________