ERCATROBAN 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
☐ 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__________
**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

### Provider Orders

**Patient Name:**

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**Provider Signature:**

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Date: ________ Time: ________

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