

**Heparin (Derby only)**

<b>Indication</b>	<ol style="list-style-type: none"> <li>1. Systemic Anticoagulation where enoxaparin is inappropriate or contra-indicated.</li> <li>2. Anticoagulation of Renal Replacement (RRT) Circuits.</li> </ol>
<b>Dose</b>	<p><b>SYSTEMIC ANTICOAGULATION:</b> As per UHDB RDH Anticoagulation chart. Use <b>ACTUAL BODY WEIGHT</b> for dosing.</p> <p><b>CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT):</b> 10units per kg per hour via the PRISMAFLEX machine to keep APTTR &lt;1.4</p> <ul style="list-style-type: none"> <li>• If weight <b>UNDER</b> 50kg use <b>IDEAL BODY WEIGHT</b></li> </ul>
<b>Preparation</b>	<p>Heparin ampoules contain 20,000units per 20ml (1000units per ml)</p> <p><b>FOR SYSTEMIC ANTICOAGULATION</b> Draw up 20ml (20,000units) of heparin into a 50ml syringe using a filter needle.</p> <p><b>FOR CRRT</b> Draw up 20ml (20,000units) of heparin into a 20ml Luer lock syringe using a filter needle</p>
<b>Administration</b>	<p><b>CRRT:</b> Infusion via the PRISMAFlex machine <b>SYSTEMIC:</b> Infusion via peripheral or central line</p>
<b>Shelf-life</b>	24hours at room temperature
<b>Common Compatibility Issues</b>	Consult unit compatibility chart for more information.

<p><b>Additional information</b></p>	<p>Please note this monograph provides guidance on the use of heparin in systemic as well as CRRT therapy.</p> <p>APTTR (part of Coagulation Screen) must be measured every 4-6hours after the start of the infusion or change in infusion rate. This should continue until three levels are within range.</p> <p>The patient should be monitored for signs of bleeding and as per renal replacement guidelines.</p> <p>Target APTTR changes depending on indication – see below for Renal Replacement Therapy or the UHDB Anticoagulation chart for all other indications.</p> <p><b>Renal Replacement Therapy Only:</b> In patients with increased risk of bleeding or pre-therapy APTTR greater than 1.4 request a medical review before starting heparin.</p> <p>After starting heparin APTTR should be less than 2. Any APTTR greater than 2 should prompt a medical review and management as per CRRT Guidelines.</p>																				
<p><b>Sample Label</b></p>	<p><b>FOR SYSTEMIC ANTICOAGULATION OR CONTINUOUS RENAL REPLACEMENT THERAPY CRRT</b></p> <table border="1" data-bbox="544 1413 1345 1744"> <thead> <tr> <th colspan="4" style="background-color: yellow;">DRUGS ADDED TO THIS INFUSION</th> </tr> </thead> <tbody> <tr> <td colspan="3">PATIENT <i>A. Patient (A. Number)</i></td> <td>WARD <i>ICU</i></td> </tr> <tr> <td>DRUG <i>Heparin 20,000units</i></td> <td>AMOUNT <i>20ml</i></td> <td>ADD BY</td> <td>CHECKED BY</td> </tr> <tr> <td>DATE ADDED TIME ADDED</td> <td>EXP. DATE EXP. TIME</td> <td colspan="2">BATCH No.</td> </tr> <tr> <td colspan="4" style="background-color: yellow; text-align: center;">DISCONTINUE IF CLOUDINESS OR PRECIPITATE DEVELOPS</td> </tr> </tbody> </table>	DRUGS ADDED TO THIS INFUSION				PATIENT <i>A. Patient (A. Number)</i>			WARD <i>ICU</i>	DRUG <i>Heparin 20,000units</i>	AMOUNT <i>20ml</i>	ADD BY	CHECKED BY	DATE ADDED TIME ADDED	EXP. DATE EXP. TIME	BATCH No.		DISCONTINUE IF CLOUDINESS OR PRECIPITATE DEVELOPS			
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**For review December 2026**

## Documentation Controls

Development of Guideline:	Pharmacist – Critical Care & Theatres
Consultation with:	Pharmacy Department, Critical Care Nursing & Medical teams
Approved By:	Adult Drug Monograph Process Written/Reviewed by Munthar Miah December 2023 Checked By: Tien Vu Dec 2023
Review Date:	December 2026
Key contact:	Pharmacist – Critical Care & Theatres

## References

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**\*\*\* End of Monograph \*\*\***