

# Heparin Infusion Pearls

## 1. The Provider Orders a Heparin Infusion:

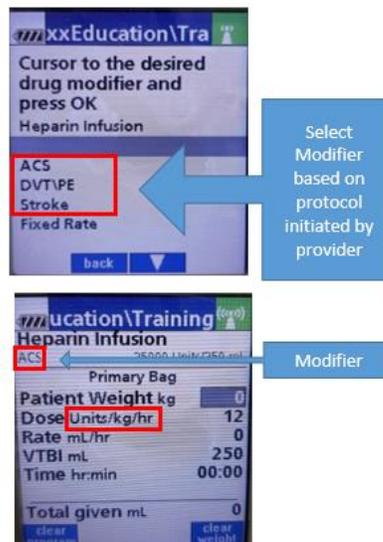
- Make sure you understand why your patient is going to be on a heparin infusion. There are many different reasons why a patient could be on a heparin infusion. The most common are: ACS/MI, DVT/PE, Stroke, and for vascular procedures. Usually, each of these have their own, unique heparin infusion protocol.
  - ✓ This means the starting dose for the ACS/MI protocol may be different from the Stroke protocol, and so on and so forth...

## 2. Getting Ready to Start the Heparin infusion:

- Alert your charge nurse that you will be starting a heparin infusion. It is important for your charge nurse to know when a heparin infusion is being started as this is a high-risk medication.
- Send off a baseline CBC and PTT level. It is important to get a baseline so we can monitor the patient for bleeding.
- Gather your supplies to start the infusion. This will include: a pump, IV tubing, access that is verified to be patent, the heparin order pulled up in Meditech for reference, and a second RN to verify proper setup and initiation.

## 3. Setting up the pump:

- After selecting heparin on the pump, you will then have to select why your patient is on heparin.
  - ✓ There are 4 possible protocols to choose from: **ACS (heart attack), DVT/PE, Stroke,** and **Fixed Rate.** You should only choose the Fixed Rate option if the provider wants the patient to be on a heparin drip that is not titrated. For example, they order Heparin at 500 units/hr with an order to not titrate the drip. This protocol is mainly used for vascular patients.
  - ✓ The Fixed Rate protocol is the only protocol that is in units/hr. All other protocols are weight based- units/kg/hr.
  - ✓ If you are unsure about which protocol to select for your patient, please call the provider to clarify.
  - ✓ Notice in the second screen below how the protocol you select will be displayed in the upper left hand corner of the titration screen on the pump.



- It is very important that if you are the one setting up the heparin drip on the pump that you ensure the weight entered into the pump matches the weight listed on the heparin order to avoid programming errors.
  - ✓ Do not update the weight in the pump each day with daily weights. The weight in the pump will stay the same unless pharmacy tells you otherwise.
  - ✓ For obese patients, we usually go off of an ideal body weight to avoid a heparin overdose.

#### 4. Initial Heparin Bolus:

- Verify with the provider if they would like for you to give an initial bolus of heparin before starting the infusion.
  - ✓ Many neuro providers do not want you to give an initial bolus of heparin.
  - ✓ Make sure another RN is in the room with you when you give the initial bolus of heparin as they will need to verify it is correct and sign off on it in Meditech.

#### 5. Starting the Heparin Infusion:

- Verify the starting rate in Meditech with a second RN.
  - ✓ Make sure another RN is in the room with you when you start the heparin infusion, as they will need to verify it is correct and sign off on it in Meditech.

#### 6. Drawing the PTT and Titrating the Heparin Infusion:

- Draw a PTT level 6 hours after starting the infusion.
  - ✓ Best practice is to draw a PTT from a straight stick or from an arterial line.
  - ✓ Drawing a PTT from an IV access point can lead to inaccurate results.
  - ✓ It is not acceptable to draw a PTT from the IV access point that heparin is infusing from. Some nurses think that you can stop the heparin drip for 5-15 minutes and then draw the PTT and that will avoid contamination. Stopping a heparin infusion that is ordered is not advised. The patient needs that heparin infusion. Therefore, stopping the heparin infusion to obtain a PTT level is not advised.
- Make sure to check the lab results section within one hour of sending the PTT level to ensure timely titration, if needed.
  - ✓ It is expected that you will need to frequently increase the heparin infusion upon initiating a heparin infusion to get the patient into the goal PTT range.
- Make sure you are looking at the right PTT result. There may be several past PTT results listed in the results section. Ensure that you are looking at the PTT result for the level that you drew.
- Look at your heparin titration orders to see if you need to titrate the heparin infusion.
  - ✓ Make sure to have another RN verify that you are titrating the heparin infusion based off the correct PTT level in Meditech before you titrate the heparin infusion.
- Look at your heparin titration orders to see if you need to administer a PRN heparin bolus.
  - ✓ Please verify with the provider if they would like for you to given PRN heparin boluses. Many neuro providers do not want them administered.
- If you titrated the heparin infusion, you will need to draw a repeat PTT in 6 hours from the time you changed the heparin infusion rate.
- You can start checking PTT levels daily when you have 2 consecutive PTT levels within the goal PTT range.

## 7. Documentation:

- You will only document on the eMAR when you start a new heparin bag or if you are giving an initial or PRN heparin bolus.
  - ✓ All other heparin documentation will be done in the Drip Titration flowsheet.

01/02/20 1335	Heparin Sodium IV	1335
01/02/20 1336	Heparin 5,000 Unit... (See Dose Instr)	
Unverified		
New Order	** HIGH RISK/HIGH ALERT MEDICATION *...	
01/02/20 1345	Heparin 25,000 Units/0... IV ORDERS	
01/02/20 2135	Heparin Sod,P... (250 ml @ ASDIRECTED)	
Unverified		
New Order	CONC: 100 UNITS/ML ** HIGH RISK/HIG...	
01/02/20 1345	Heparin So... IV PRN (BOLU...	
01/02/20 2135	Heparin 5,000 Unit... (See Dose Instr)	
Unverified		
New Order	PER PTT,SEE ADMIN CRITERIA OF HEPARI...	

- When starting the heparin drip, document in the eMAR and then document "Start" in the Drip Titration flowsheet.
- You will document "Titrates" in the Drip Titration flowsheet:
  - ✓ At the beginning of your shift to verify the rate, unless it is on hold.
  - ✓ With any rate change
  - ✓ Any time you hold the heparin drip
  - ✓ If you have a therapeutic PTT level, (meaning you would not change the rate). We would still like for you to document "Titrates" and then chart the unchanged rate in the IV drip actual parameter value box. Then, chart "no change" in the free text box. This way we know you have acknowledged the PTT level.

1. **ALWAYS USE UNITS/KG/HR**
2. Document "**Start**" to begin the infusion
3. Document "**Titrates**" for:
  - a. Change
  - b. No Change with PTT monitoring
  - c. HOLD Start and again when infusion restarted
  - d. At least once a shift if drip still infusing
4. Document "**Discontinue**" if drip is no longer ordered

For "Titrates" add action to the actual parameter documentation line: No Change, Hold, and Restart.

IV Drip Status: 02/14/1357 E00000000163 TEST,PHA ONE

IV drip 1 status:

- 1 Start Pharmacy Order Information - Rx Number: 00000086
- 2 Titrate Trade Name: Heparin 25,000 Units/0.45ZNS 250 ml
- 3 Discontinue Generic Name: CHEPARIN SOD,PORK IN 0.45Z NAACL
- 4 Restart Dose: 25000 UNIT in 250 ML at UD ASDIR

Last 4 Clinical Data Entries (For Today)

Date	Time	RASS	CPOT	Pulse	Resp	Blood Press	MAP	ICP

IV drip 1: HEPARIN SOD,PORK IN 0.45Z NAACL  
 IV drip 1 concentration: 25000 UNIT/250 ML

RASS:→  
 IV drip 1: [ ] No PMA admin criteria available [ ]  
 IV drip 1 new dosage: 14  
 IV drip 1 dosage concentration: units/kg/hr  
 IV drip 1 dosage in ml/hr: 4  
 IV drip 1 titrate parameter:→PTT  
 IV drip 1 parameter value:  
 →64-103  
 IV drip 1 actual parameter value:  
 →60 NO CHANGE  
 IV drip 1 cosign:  
 IV drip 1 password:

Co-Signer will be REQUIRED

- Be sure to document your conversations about critical PTTs with the provider in the Manage/Contact/Refer/Notify intervention. Ensure you state they are on a heparin drip and the protocol has been followed.

## Heparin Infusion Checklist

### **Starting a Heparin Infusion:**

- ✓ Verify with provider if they want heparin boluses- initial and/or PRN heparin boluses
- ✓ Tell the charge nurse you are starting a heparin infusion
- ✓ Send off a baseline CBC and PTT level
- ✓ Get your supplies: IV pump, IV tubing, verify access, have orders pulled up, grab 2<sup>nd</sup> RN to verify
- ✓ Verify the patient weight that is listed on the heparin order with pharmacy
- ✓ Set up pump by choosing correct protocol: ACS, DVT/PE, Stroke, or Fixed Rate
- ✓ If ordered, administer an initial heparin bolus according to the eMAR
- ✓ Start heparin infusion per eMAR orders
  - Have 2<sup>nd</sup> RN at bedside to verify initiation and administration of initial heparin bolus
- ✓ Prepare to draw PTT level 6 hours after initiation of heparin infusion

### **Managing an Existing Heparin Infusion:**

- ✓ Verify all settings and when the next PTT level needs to be drawn with the off-going RN at the beginning of shift
- ✓ Ensure a CBC level is being checked daily to monitor for bleeding
- ✓ Draw the next PTT level according to best practice standards
- ✓ Check for the PTT result within 60 minutes of sending the lab
  - Make sure you are looking at the correct PTT level
- ✓ Look at your heparin titration orders to see if you need to titrate the heparin infusion
- ✓ Look at your heparin titration orders to see if you need to administer a PRN heparin bolus
  - Verify with the provider if they would like for you to give PRN heparin boluses
- ✓ If you titrated the heparin infusion, you will need to draw a repeat PTT in 6 hours from the time you changed the heparin infusion rate
- ✓ Document critical PTT levels in the Manage/Contact/Refer/Notify intervention in Meditech
- ✓ You can start checking PTT levels daily when you have 2 consecutive PTT levels within the goal PTT range
- ✓ Monitor for signs of bleeding: bruising, blood in urine, distended abdomen, change in pulses, cool extremities, change in vital signs, confusion, ect.

## IV Heparin Drip Titration Frequently Asked Questions FAQs

### 1. What do we do if we receive an admission with a Heparin drip already infusing without documentation or an order?

Answer:

1. Notify your attending provider to obtain orders for the medication protocol order set.
2. Draw a STAT PTT on patient arrival if they have not had one previously drawn.
3. Continue the Heparin Drip protocol as ordered. (redraw PTT as ordered for titrations)

**NOTE:** when you place the **HEPARIN WEIGHT-BASED INFUSION** order set, the **heparin protocol**, **STAT PTT**, and **PTT Q6H X 3** orders are all reflexed. You can uncheck what is not required.

Order Set	Quantity	Reminders
HEPARIN WEIGHT-BASED INFUSION	1	1 reminder
Nursing (2/2)	1	1 reminder
+ Heparin Protocol	02/08 N	
+ Monitor for Bleeding	02/08 N	
*****UTE Core Measures - DO NOT UNCHECK LABS*****		
Laboratory (5/5)	1	1 reminder
Baseline PT, aPTT, CBC (Before starting Heparin)		
+ PROTHROMBIN TIME STAT	02/08 N	
+ PTT STAT	02/08 N	
+ CBC W/AUTO DIFFERENTIAL STAT	02/08 N	
+ PTT	02/09 0706 Q6H X 3	
+ CBC W/AUTO DIFFERENTIAL	02/09 AM Q6H X 3	
+ Medication Management (1/1)		
+ Medication: High Intensity(VTE/PE) (0/3) 2 reminders		
+ Medication: Low Intensity(ACS/Stroke) (0/3) 2 reminders		

### 2. The provider has ordered Serial PTTs to be drawn, but the timing does not line up with what is needed for the protocol.

Answer:

1. It would be best to request the provider to not place these serial orders when the Heparin drip is ordered. Instead, request heparin protocol and an initial STAT PTT only. Then the RN can order the subsequent labs as needed PER PROTOCOL.
2. If there are conflicts with provider placed orders, and the timing requirement PER PROTOCOL, you should "cancel" the provider timed orders, and place the appropriate timed orders PER PROTOCOL.

**NOTE:** when you place the **HEPARIN WEIGHT-BASED INFUSION** order set, the **heparin protocol**, **STAT PTT**, and **PTT Q6H X 3** orders are all reflexed. You can uncheck what is not required.

Mnemonic	Name
1 C	Plan of Care
2 P	Protocol
3 T	Telephone &Read Back
4 U	Verbal &Read Back
5 W	Written
6 Z	Dept Process/Proc
7 k	PK Orders

**3. Do I need to do a shift handoff for the Heparin Infusion? Where is this done?**

**Answer:**

1. Yes, you must complete a handoff of the infusion between nurses.
2. This is performed in the “titration” documentation intervention. Document a titration intervention with the rate that the infusion is at, and in “actual parameter” location, document “Nursing Handoff”, then both RNs will have to cosign the handoff.

IV drip 1 status:

- 1 Start Pharmacy Order Information - Rx Number: 01696845
- 2 Titrate Trade Name: propofol
- 3 Discontinue Generic Name: (propofol)
- 4 Restart Dose: 1000 MG in 100 ML at TITRATE ASDIR

Last 4 Clinical Data Entries (For Today)

Date	Time	RASS	CPOT	Pulse	Resp	Blood Press	MAP	ICP
04/17	0445			64	14	103/75	85	
04/17	0500			69	14	111/76	89	
04/17	0515			66	14	111/77	89	
04/17	0530			63	14	107/75	87	

RASS: CPOT: Document ICP:

IV drip 1: Heparin IV drip 1 status: 4

IV drip 2: IV drip 2 status:

IV drip 3: IV drip 3 status:

IV drip 4: IV drip 4 status:

IV drip 5: IV drip 5 status:

IV drip 6: IV drip 6 status:

IV drip 7: IV drip 7 status:

(Next Page)

IV drip 1 titrate parameter: >

IV drip 1 parameter value:

IV drip 1 actual parameter value:

Nursing Handoff

IV drip 1 cosign:

IV drip 1 password:

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**4. I need to titrate my Heparin Drip, but I can't because the infusion was never "started".**

**Answer:**

1. You **must** document a “start” time when this is recognized. In the “start” documentation, under “actual parameter” type Infusion received from previous shift at (rate of infusion).
2. Once this is done, then you can document your “titration” as required.

IV drip 1 status:

- 1 Start Pharmacy Order Information - Rx Number: 01696845
- 2 Titrate Trade Name: propofol
- 3 Discontinue Generic Name: (propofol)
- 4 Restart Dose: 1000 MG in 100 ML at TITRATE ASDIR

Last 4 Clinical Data Entries (For Today)

Date	Time	RASS	CPOT	Pulse	Resp	Blood Press	MAP	ICP
04/17	0445			64	14	103/75	85	
04/17	0500			69	14	111/76	89	
04/17	0515			66	14	111/77	89	
04/17	0530			63	14	107/75	87	

RASS: CPOT: Document ICP:

IV drip 1: Heparin IV drip 1 status: 4

IV drip 2: IV drip 2 status:

IV drip 3: IV drip 3 status:

IV drip 4: IV drip 4 status:

IV drip 5: IV drip 5 status:

IV drip 6: IV drip 6 status:

IV drip 7: IV drip 7 status:

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IV drip 1 titrate parameter: >

IV drip 1 parameter value:

IV drip 1 actual parameter value:

Infusion Received from previous shift at XX units/kg/hr.

IV drip 1 cosign:

IV drip 1 password:

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4. Once you select the "Titrate" option, you will have a new screen, and you MUST complete the form in its **entirety**. This will include:
  - a. IV drip 1: **This should be auto populated so you will not have to fill it in**
  - b. IV drip Concentration: **This should be auto populated so you will not have to fill it in**
  - c. IV Drip 1 New Dosage:
  - d. IV drip 1 dose units:
  - e. IV drip 1 dosage in ml/hr:

IV drip 1 concentration:  
 Enter free text. Pharmacy Order Information - Rx Number: 01696845  
 Trade Name: propofol  
 Generic Name: (propofol)  
 Dose: 1000 MG in 100 ML at TITRATE ASDIR

Last 4 Clinical Data Entries (For Today)								
Date	Time	RASS	CPOT	Pulse	Resp	Blood Press	MAP	ICP
04/17	0445			64	14	103/75	85	
04/17	0500			69	14	111/76	89	
04/17	0515			66	14	111/77	89	
04/17	0530			63	14	107/75	87	

IV drip 1: propofol  
 IV drip 1 concentration: >1000 MG/100 ML  
 Click box to display PHA admin criteria ->  
 IV drip 1 new dosage: \_\_\_\_\_  
 IV drip 1 dose units: \_\_\_\_\_  
 IV drip 1 dosage in ml/hr: \_\_\_\_\_  
 (Next Page)

5. On the second page, you will also have to complete this form in its **entirety**:
  - a. IV drip 1 titrate parameter: **This should be auto populated so you will not have to fill it in**
  - b. IV drip 1 parameter Value: **This is what the ordered parameter is (I.E RASS -2 to 2)**
  - c. IV drip 1 actual parameter value: **This is what you assessed the value to be (I.E RASS -1)**
    - i. If you are titrating to a BP, it would be wise to have a documented BP charted at the same time as the titration.
  - d. IV drip cosign: **(will only be required on double verification drugs: insulin/Heparin)**
  - e. IV drip 1 password: **(will only be required on double verification drugs: insulin/Heparin)**

IV drip 1 titrate parameter: [or free text]

1 Arrhythmia	5 Cardiac index	9 Pain score
2 Bispectral index	6 Heart rate	10 RASS
3 Blood glucose	7 Labs	11 Train of four
4 Blood pressure	8 Mean arterial pressure	12 Urine output

Last 4 Clinical Data Entries (For Today)								
Date	Time	RASS	CPOT	Pulse	Resp	Blood Press	MAP	ICP
04/17	0445			64	14	103/75	85	
04/17	0500			69	14	111/76	89	
04/17	0515			66	14	111/77	89	
04/17	0530			63	14	107/75	87	

IV drip 1 titrate parameter: >RASS  
 IV drip 1 parameter value: \_\_\_\_\_  
 IV drip 1 actual parameter value: \_\_\_\_\_  
 IV drip 1 cosign: \_\_\_\_\_  
 IV drip 1 password: \_\_\_\_\_  
 (Prev Page)  (Next Page)



## Heparin Infusion Education for INP Nurses

Goal: Ensure safe, appropriate administration of Heparin bolus/drip and align pump programming

A	Start	Stop	Medic	Sched	Today
	01/02/20 1935		CHECK PTT/Xa RE... 1 each MISC ...		1935
	01/02/20 1936		Check PTT/Xa... (Give 1 EACH of 1 each)		
	Active				
	New Order		Check result and follow Admin Criter...		
	01/02/20 1335		Heparin Sodium IV ... STA		1335
	01/02/20 1336		Heparin 5,000 Unit... (See Dose Inst		
	Unverified				
	New Order		** HIGH RISK/HIGH ALERT MEDICATION *...		
	01/02/20 1345		Heparin 25,000 Units/0....		
	01/02/20 2135		Heparin Sod,P... (250 ml @ ASDIRECTED)		
	Unverified				
	New Order		CONC: 100 UNITS/ML ** HIGH RISK/HIG...		
	01/02/20 1345		Heparin So... PRN (BOLU...		
	01/02/20 2135		Heparin 5,000 Unit... (See Dose Instr)		
	Unverified				
	New Order		PER PTT,SEE ADMIN CRITERIA OF HEPARI...		

Reminder for 6 hour lab check

Initial Heparin Bolus dose

Heparin IV drip. Start following bolus. Rate contained in the admin criteria in bubble

PRN Heparin Bolus dose. 6 hr lab result will determine if needed based on admin criteria on Heparin drip

- Displays info to be completed Ex. HR, glucose
- Co-sig required for administration
- Medication instructions view Ex. Sliding scale

### Drip Titration Documentation

1. Add In: " IV Drip Titration +" if not already on list of interventions
2. ALWAYS USE UNITS/KG/HR
3. Document "Start" to begin the infusion
  - a. Document "Titrate" for:
  - b. Change
  - c. No Change with PTT monitoring
  - d. HOLD Start and again when infusion restarted
  - e. At least once a shift if drip still infusing
4. Document "Discontinue" if drip is no longer ordered

For "Titrate" add action to the actual parameter documentation line: No Change, Hold, and Restart.

IV Drip Status: 02/14 1357 E0000000163 TEST,PHA ONE

IV drip 1 status:

- 1 Start Pharmacy Order Information - Rx Number: 00000086
- 2 Titrate Trade Name: Heparin 25,000 Units/0.45% NS 250 ml
- 3 Discontinue Generic Name: (HEPARIN SOD,PORK IN 0.45% NAACL)
- 4 Restart Dose: 25000 UNIT in 250 ML at UD ASDIR

Last 4 Clinical Data Entries (For Today)

Date	Time	RASS	CPOT	Pulse	Resp	Blood Press	MAP	ICP

RASS:> CPOT:> Document ICP:>

IV drip 1: HEPARIN SOD,PORK IN 0.45% NAACL IV drip 1 status:>

IV drip 1: HEPARIN SOD,PORK IN 0.45% NAACL  
 IV drip 1 concentration: 25000 UNIT/250 ML

--- No PHA admin criteria available ---

IV drip 1 new dosage: 14  
 IV drip 1 dosage concentration: units/kg/hr  
 IV drip 1 dosage in ml/hr:>

IV drip 1 titrate parameter:>PTT  
 IV drip 1 parameter value:  
 >64-103  
 IV drip 1 actual parameter value:  
 >60 NO CHANGE

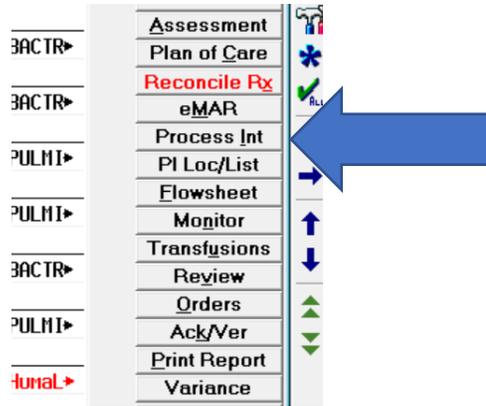
IV drip 1 cosign:   
 IV drip 1 password:

Co-Signer will be REQUIRED

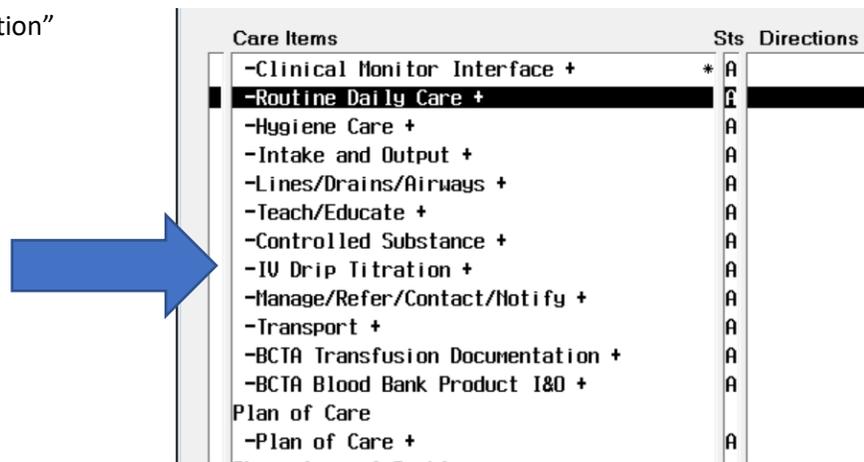
# IV drip Titrations

## Drip Titration:

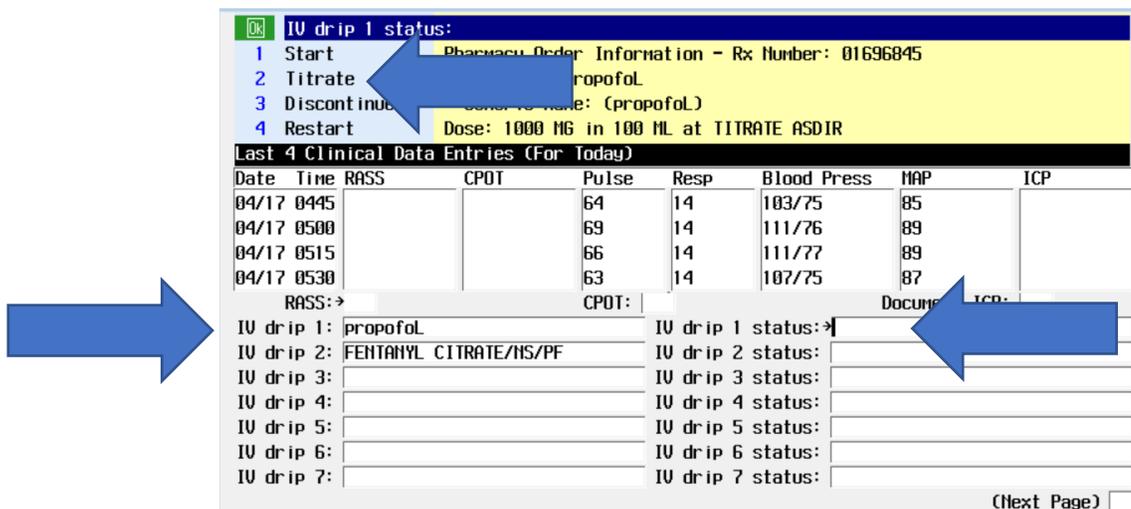
1. Under process interventions



2. Select "IV drip Titration"



3. Go to "status" on the medication that you are going to titrate and select "Titrate" to begin the new drip dose.

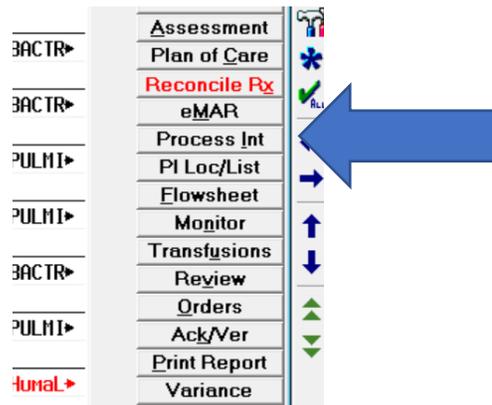


## IV drip Titrations

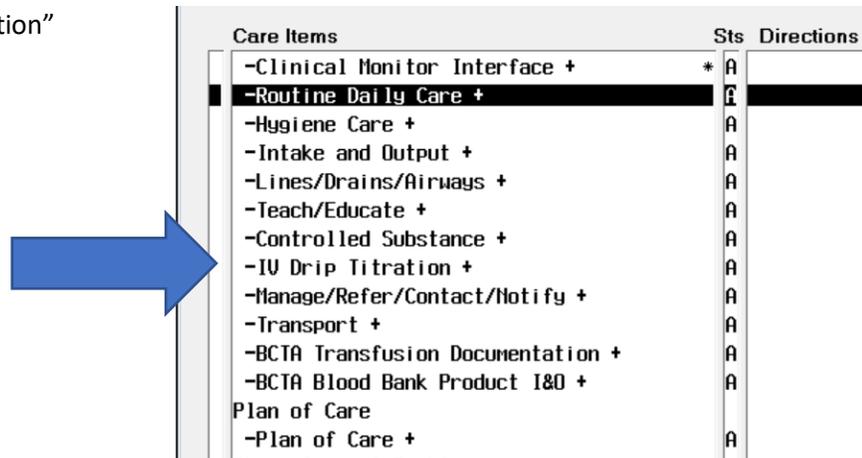
**NOTE: if you are titrating to zero, with the idea that you may have to go back up on the drip; then TITRATE TO ZERO, do not DISCONTINUE THE DRIP. Discontinuing the drip means you are stopping the drip and must obtain a new order to restart it. Otherwise, you must titrate to zero before you discontinue.**

### Discontinuing a drip:

1. Under process interventions



2. Select "IV drip Titration"



- Go to “status” on the medication that you are going to titrate and select “DISCONTINUE” to begin the new drip dose.

IV drip 1 status:

1 Start Pharmacy Order Information - Rx Number: 01696845  
 2 Titrate Trade Name: propofol  
 3 Discontinue (propofol)  
 4 Restart 100 ML at TITRATE ASDIR

Last 4 Clinical Data Entries (For Today)

Date	Time	RASS	CPOT	Pulse	Resp	Blood Press	MAP	ICP
04/17	0445			64	14	103/75	85	
04/17	0500			69	14	111/76	89	
04/17	0515			66	14	111/77	89	
04/17	0530			63	14	107/75	87	

RASS: > CPOT: Document ICP:

IV drip 1: propofol IV drip 1 status: >  
 IV drip 2: FENTANYL CITRATE/HS/PF IV drip 2 status:  
 IV drip 3: IV drip 3 status:  
 IV drip 4: IV drip 4 status:  
 IV drip 5: IV drip 5 status:  
 IV drip 6: IV drip 6 status:  
 IV drip 7: IV drip 7 status:

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- Once you select the “DISCONTINUE” option, you will have a new screen, and you MUST complete the form in its **entirety**. This will include:
  - IV drip 1: This should be auto populated so you will not have to fill it in
  - IV drip Concentration: This should be auto populated so you will not have to fill it in
  - IV Drip 1 New Dosage: This will be “0”
  - IV drip 1 dose units:
  - IV drip 1 dosage in ml/hr:

IV drip 1 concentration:

Enter free text. Pharmacy Order Information - Rx Number: 01696845  
 Trade Name: propofol  
 Generic Name: (propofol)  
 Dose: 1000 MG in 100 ML at TITRATE ASDIR

Last 4 Clinical Data Entries (For Today)

Date	Time	RASS	CPOT	Pulse	Resp	Blood Press	MAP	ICP
04/17	0445			64	14	103/75	85	
04/17	0500			69	14	111/76	89	
04/17	0515			66	14	111/77	89	
04/17	0530			63	14	107/75	87	

IV drip 1: propofol  
 IV drip 1 concentration: >1000 MG/100 ML

Click box to display PHA admin criteria ->

IV drip 1 new dosage:  
 IV drip 1 dose units:  
 IV drip 1 dosage in ml/hr:

(Next Page)

- On the second page, you will also have to complete this form in its **entirety**:
  - IV drip 1 titrate parameter: This should be auto populated so you will not have to fill it in
  - IV drip 1 parameter Value: This is what the ordered parameter is (I.E Rass -2 to 2)

- c. IV drip 1 actual parameter value: **This is what you assessed the value to be (I.E RASS -1)**
  - i. If you are titrating to a BP, it would be wise to have a documented BP charted at the same time as the titration.
- a. IV drip 1 cosign: **(will only be required on double verification drugs: insulin/Heparin)**
- b. IV drip 1 password: **(will only be required on double verification drugs: insulin/Heparin)**

OK IV drip 1 titrate parameter: [or free text]

1 Arrhythmia	5 Cardiac index	9 Pain score
2 Bispectral index	6 Heart rate	10 RASS
3 Blood glucose	7 Labs	11 Train of four
4 Blood pressure	8 Mean arterial pressure	12 Urine output

Last 4 Clinical Data Entries (For Today)

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04/17	0500			69	14	111/76	89	
04/17	0515			66	14	111/77	89	
04/17	0530			63	14	107/75	87	

IV drip 1 titrate parameter: → RASS

IV drip 1 parameter value: \_\_\_\_\_

IV drip 1 actual parameter value: \_\_\_\_\_

IV drip 1 cosign: \_\_\_\_\_

IV drip 1 password: \_\_\_\_\_

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