

## BIVALIRUDIN CONTINUOUS INFUSION ORDERS

FOR PATIENTS WITH HEPARIN-INDUCED THROMBOCYTOPENIA (H.I.T.) OR SUSPECTED H.I.T.

1. **Provider, STOP! Has your patient had a neuraxial procedure (epidural / intrathecal / spinal)?**  Yes  No  
 If yes, I have consulted with \_\_\_\_\_ from Acute Pain Service prior to initiating bivalirudin.  
 See ANTICOAGULATION GUIDELINES FOR NEURAXIAL PROCEDURES:  
<https://depts.washington.edu/medical/clinicalresources>

2. Additional orders:  
 **Add heparin to patient allergy list**  
 **STOP all heparin or enoxaparin exposure (intravenous, subcutaneous, line flushes, etc.)**

3. Patient information required prior to infusion:  
 Total Body Weight = Use ORCA weight for calculations for dosing  
 Baseline CrCl = \_\_\_\_\_ mL/min  
 $CrCl = [(140 - age) \times total\ body\ weight\ (kg)] / (72 \times SCr) [x\ 0.85\ for\ women]$

<b>Initial Dose</b> <i>(choose one)</i>	<input type="checkbox"/> CrCl > 60 mL/min: 0.15 mg/kg/hr <input type="checkbox"/> CrCl 30-60 mL/min: 0.08 mg/kg/hr <input type="checkbox"/> CrCl < 30 mL/min: 0.05 mg/kg/hr <input type="checkbox"/> Dialysis: 0.02 mg/kg/hr <input type="checkbox"/> Continue at previous rate: _____ mg/kg/hr		
<b>Dose Adjustments</b>	<u>DTI Assay</u>	<u>Dose Adjustment</u>	<u>Calculation</u>
	< 60	<b>Increase rate by 20%</b>	<b>New rate = current rate x 1.2</b> <i>Example: current rate: 0.15 mg/kg/hr x 1.2 = new rate: 0.18 mg/kg/hr</i>
	60 to 90	<b>AT GOAL = NO CHANGE</b>	
	> 90	<b>Hold infusion for 1 hour then restart at 50% less than the previous rate</b>	<b>New rate = current rate x 0.5</b> <i>Example: current rate: 0.15 mg/kg/hr x 0.5 = new rate: 0.075 mg/kg/hr</i>

4. Bivalirudin monitoring (**NOTE: coagulation study blood collection guidelines NOT required**):  
 Baseline CBC, Basic Metabolic Panel, PTT, PT(INR)  
 Every am CBC (*for platelets and HCT*), Basic Metabolic Panel (*for SCr*), and Direct Thrombin Inhibitor Assay (*DTI assay*)
- Check DTI assay 2 hours after initiation of infusion
  - Check DTI assay 2 hours after any change in dose/rate
  - Check DTI assay 2 hours after resuming any infusion held >30 minutes
  - Check DTI assay 2 hours after first DTI assay that is within goal range
  - Once two consecutive DTI assays are within the goal range, check DTI assay every am
5. Notify MD:     • for any signs of bleeding     • if unable to obtain blood sample  
                           • if no IV access for > 1 hour     • if DTI assay out of range for more than 2 readings in a row
6. Warfarin monitoring (*if patient also receiving warfarin*):  
 Check Chromogenic factor X assay every am (*45%-25% = INR 2-4*); Do not hold infusion  
 Contact MD if platelets < 150,000

PHYSICIAN/PROVIDER SIGNATURE	PRINT NAME	PAGER	NPI	DATE	TIME
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PT.NO

NAME

DOB

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WHITE - MEDICAL RECORD