

HEPARIN CONTINUOUS INFUSION

NOTE: A heparin continuous infusion will now have two documentation components, including both the electronic MAR within the domain as well as the paper Anticoagulation Record used in current state. The sequence of documentation for initiation of the infusion, loading dose, dose adjustments, and a bolus dose are outlined below.

The medication administration steps on the infusion pump will remain the same: Loading Dose (when prescribed) \rightarrow Continuous Infusion \rightarrow Bolus Dose (when indicated)

DOCUMENTING THE INITIATION OF A HEPARIN CONTINUOUS INFUSION

- 1. A heparin powerplan/subphase must be ordered for the patient in the HIS.
- 2. Once in the patient profile, navigate to the Medication Administration Wizard (MAW) icon.

IIIII Medication Administration

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3. Once the MAW opens, a prompt will appear to scan the patient ID band.

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- 4. Once the patient's ID band is scanned and two patient identifiers are verified, scan the barcode on the heparin bag that matches the ordered concentration.
 - a. If the medication order has not been verified by pharmacy, a prompt will appear (as below). Select yes to continue to document the medication administration.

P Medicatio	on Administration						— 🗆 X
				Nurse Review	Create ord	ler and document.	Last Refresh at 11:14 EDT
TESTCO Female	VID, ONE	MRN: 110 FIN#: 22-0	53225 104062	DOB: 08/Aug/1996 Age: 28 years			Loc: NF3012; A " Allergies "
			202	24-Oct-30 09:59 EDT - 2024-Oct-3	30 12:29 EDT		
	Scheduled	Mnemonic			Details		^
🗖 ୍ୟୁ ୧୯	22/Oct/2024 22:00	amoxicillin			500 mg = 1 caps	sule(s), PO, CAP, First E	Dose: 10/22/24 22:00:00 EDT
🗖 📆 😚	22/Oct/2024 22:00	amoxicillin			500 mg = 1 caps	sule(s), PO, CAP, First D	Dose: 10/22/24 22:00:00 EDT
🗖 ්ජී 66	22/Oct/2024 22:00	metoprolol			50 mg = 1 tablet	t(s), PO, TAB, First Dos	e: 10/22/24 22:00:00 EDT
🗖 🐮	22/Oct/2024 22:00	nitroglycerin			0.2 mg 1 patch, "	TransDERMAL, PATCH,	First Dose: 10/22/24 22:00:00
		nitroglycerin (nitrogly	Varia 0.2	an or the service of a consel films and an of a			
□ ¹ 2 60°	23/Oct/2024 06:00	amoxicillin	Pharmac	cy Verification		e(s), PO, CAP, First E	Dose: 10/23/24 6:00:00 EDT
□ *3 € €	23/Oct/2024 06:00	amoxicillin				e(s), PO, CAP, First E	Dose: 10/23/24 6:00:00 EDT
D .a	23/Oct/2024 10:00	furosemide	1 A	The medication task benarin bas	not been verified	, PO, TAB, First Dos	e: 10/23/24 10:00:00 EDT
□ *3 60°	23/Oct/2024 10:00	metoprolol		Continue?	not been venned.	, PO, TAB, First Dos	e: 10/23/24 10:00:00 EDT
□ °C 60°	23/Oct/2024 10:00	spironolactone				et(s), PO, TAB, First D	Dose: 10/23/24 10:00:00 EDT
□ °ଫ	23/Oct/2024 13:00	Handihaler Device device		Yes	No	nce, First Dose: 10/2	3/24 13:00:00 EDT, Stop Date:
🗖 🐮 🚳	23/Oct/2024 14:00	amoxicillin				e(s), PO, CAP, First E	Dose: 10/23/24 14:00:00 EDT
🗖 📆 😚	23/Oct/2024 14:00	amoxicillin			500 mg = 1 caps	sule(s), PO, CAP, First D	Dose: 10/23/24 14:00:00 EDT
🗖 🐮 😚	23/Oct/2024 22:00	amoxicillin			500 mg = 1 caps	sule(s), PO, CAP, First E	Dose: 10/23/24 22:00:00 EDT
□ ³ 0 ⁴ 60 ⁶	23/Oct/2024 22:00	amoxicillin			500 mg = 1 caps	sule(s), PO, CAP, First D	Dose: 10/23/24 22:00:00 EDT
D 🕅 💞	23/Oct/2024 22:00	metoprolol			50 mg = 1 tablet	(s), PO, TAB, First Dos	e: 10/23/24 22:00:00 EDT
D &	23/Oct/2024 22:00	nitroglycerin nitroglycerin (nitrogly	vcerin 0.2	mg/hr transdermal film, extende	0.2 mg 1 patch, "	TransDERMAL, PATCH,	First Dose: 10/23/24 22:00:00
🗖 🐮 🚳	24/Oct/2024 06:00	amoxicillin			500 mg = 1 caps	sule(s), PO, CAP, First D	Dose: 10/24/24 6:00:00 EDT 🗸



TIP SHEET

HOSPITAL INFORMATION SYSTEM (HIS)

Once the pharmacy verification prompt has been acknowledged, the heparin CONTINUOUS INFUSION check box will be selected and the infusion line bolded.

P	Med	ication Administration				– 🗆 X
			1	Nurse Review	Create order and document.	Last Refresh at 11:24 EDT
TI Fe	ST	COVID, ONE	MRN: 11053225 FIN#: 22-004062	DOB: 08/Aug/1996 Age: 28 years		Loc: NF3012; A "Allergies "
-			2024-Ox	t-30 10:09 EDT - 2024-Oct-30	12:39 EDT	
		Scheduled	Mnemonic	Details	Result	· · · · · · · · · · · · · · · · · · ·
	10	25/Oct/2024 10:00	furosemide	80 mg = 2 tablet(s), PO, 1	TAB, First Dose:	
	10	26/Oct/2024 10:00	furosemide	80 mg = 2 tablet(s), PO, 1	TAB, First Dose:	
	-23	27/Oct/2024 10:00	furosemide	80 mg = 2 tablet(s), PO, 1	TAB, First Dose:	
	ď	28/Oct/2024 10:00	furosemide	80 mg = 2 tablet(s), PO, 1	TAB, First Dose:	
	20	29/Oct/2024 10:00	furosemide	80 mg = 2 tablet(s), PO, 1	TAB, First Dose:	
	10	30/Oct/2024 10:00	furosemide	80 mg = 2 tablet(s), PO, 1	TAB, First Dose:	
		Or Unscheduled	heparin	IV, INJ, q dialysis, First Do	ose: 10/24/24 18	
		Continuous	heparin heparin (additive) 25,0	Total Volume (mL): 500, IV 00 Initiate at 20 units/kg/h,	v-continuous up to a maximu	
P	0	Continuous	heparin heparin (additive) 25	Total Volume (mL): 500	, IV-CONTINU 500 mL, IV-CONTIN	UOUS, <rate>, <site>_</site></rate>
		THE PRIV	heparin heparin (heparin (bols	3,000 unit(s) = 60 mL, IV, usHeparin BOLUS dose if P	SOLN-IV, as dir TT is less than o	
		THE PRIN	heparin heparin (heparin (boli	3,000 unit(s) = 60 mL, IV, us Heparin RE-BOLUS if PTT	SOLN-IV, as dir is less than or	
	¥	30/Oct/2024 10:00	heparin heparin (heparin (load	4,200 unit(s) = 84 mL, IV, dinInfuse BEFORE heparin m	SOLN-IV, once, aintenance infus	La
		30/Oct/2024 12:00	heparin heparin (heparin (load	3,100 unit(s) = 62 mL, IV, dinInfuse BEFORE heparin m	SOLN-IV, once, aintenance infus	
		Wy 🕄 Unscheduled	HYDROmorphone	3 mg = 1.5 mL, IV, INJ, as Nurse Witness - ORC Tex	s directed; see c t	,
Re	ady	to		2 of 2		Back Cine
	Medi	cation Administration Wizard Help 🗹	About Medication Administ	ration Wizard		aver sign

- a. The yellow box in the 'Result' column indicates there are mandatory fields requiring completion before you can sign for the infusion and document it as initiated on the MAR.
- 6. Double click on the yellow box (above) to open the administration screen. The required fields will populate in yellow.
- 7. Once each field is entered, the yellow will be removed from the field and the 'Ok' button on the bottom right can be selected.
 - a. Ensure to enter the ordered infusion dose in the 'heparin dose' field in units/hr. The rate field will populate when the dose is entered. DO NOT enter the dose in the rate field.
 - b. A nurse witness will be required to complete this screen as per NH IDC policy.

P	Medication Administration	n				— 🗆 ×	ement
		Charting for: TESTCOVI	D, ONE		– 🗆 X	Last Refresh at 11:24 EDT	Cardiovascular
TI Fe	ESTCOVID, ONE	heparin (additive) 25,00 Total Volume (mL): 500, IV-CO Initiate at 12 units/kg/h, up	00 unit(s) + premix dextrose 5 NTINUOUS, Titrate per nomogram, 5 to a maximum of 1,000 units/h. aPTI	% in water 500 mL Start Date: 10/30/24 11:23:00 EDT, 52 k f at 6 hours after heparin infusion init	g, 1.59, m2 lated and then adjust r	Loc: NF3012; A ** Allergies **	2: A -101 it date> Disch Dt: <
	Scheduled	Yes No hep	arin (additive) 25,000 unit(s)/500 mL nix dextrose 5% in water 500 mL		Change	^	m 🧿 0 minutes ago
	්ගී 26/Oct/2024 1 ්ගී 27/Oct/2024 1	*Performed date / time :	30/Oct/2024 • 1124	€ EDT	Authorizing) Signature - ZZNUPTEST	
	* 28/Oct/2024 1 * 29/Oct/2024 1 * 30/Oct/2024 1 භ ™: Unscheduled	*Performed by : *Witnessed by : *Bag # :	NHS Test01, Nurse Test, Nurse Practitioner 1		😂 Cerni	er Cerner Mi Usemame:	illennium*
P	Continuous	*Site :	CVAD: Red Lumen 🗸		ſ	ZZNUPTEST	
	DRN DRN	*Volume (mL) :	500		1	Password :	
	PRN	*Rate (mL/hr) :	21	N	*	•••••	
	1 10/0ct/2024	*heparin Dose :	1050 unit/hr	~	•	Domain :	
	`₩ 10 30/Oct/2024 1				1	C3076	<u> </u>
	🔤 ? 🔁 Unscheduled				a	ОК	Cancel
area:				-	e PowerC	hart	
	Medication Administration	Wizard Help About Me	dication Administration Wizard		© 2011 Cern	er Corporation. All rights reserved.	
+	Add Varianc	e Viewer Dx Ta	able Orders For Cosignature	Orders For Nurse Review			Orders For Signature







TIP SHEET

- HOSPITAL INFORMATION SYSTEM (HIS)
- 8. Once all fields are complete and confirmed with 'OK', the yellow will disappear from the information in the 'Results' field and the heparin infusion can be signed off by pressing 'Sign'. This will begin the infusion on the patient MAR.

		Nurse Review	Create order and document.	Last Refresh at 11:24 EDT
ESTCOVID, ONE	MRN: 11053225 FIN#: 22-004062	DOB: 08/Aug/1996 Age: 28 years		Loc: NF3012; ** Allergie
	2024-0	Oct-30 10:09 EDT - 2024-Oct-30 1	2:39 EDT	
Scheduled	Mnemonic	Details	Result	
3 25/Oct/2024 10:00	furosemide	80 mg = 2 tablet(s), PO, T/	AB, First Dose:	
්ගී 26/Oct/2024 10:00	furosemide	80 mg = 2 tablet(s), PO, T/	AB, First Dose:	
10 27/Oct/2024 10:00	furosemide	80 mg = 2 tablet(s), PO, TA	AB, First Dose:	
10 28/Oct/2024 10:00	furosemide	80 mg = 2 tablet(s), PO, T/	AB, First Dose:	
1 29/Oct/2024 10:00	furosemide	80 mg = 2 tablet(s), PO, T/	AB, First Dose:	
30/Oct/2024 10:00	furosemide	80 mg = 2 tablet(s), PO, T/	AB, First Dose:	
60 00 Unscheduled	heparin	IV, INJ, q dialysis, First Dos	se: 10/24/24 18	
📷 🔁 Continuous	heparin heparin (additive) 25	Total Volume (mL): 500, IV 5,00 Initiate at 20 units/kg/h, u	-CONTINUOUS p to a maximu	
Continuous	heparin heparin (additive)	Total Volume (mL): 500, 25 Initiate at 12 units/kg/h	IV-CONTINU 500 mL, IV-CONTINU	NUOUS, 21 mL/hr, CVAD: Rec
PRN :	heparin heparin (heparin (bo	3,000 unit(s) = 60 mL, IV, S blusHeparin BOLUS dose if PT	SOLN-IV, as dir T is less than o	
PRN	heparin heparin (heparin (bo	3,000 unit(s) = 60 mL, IV, S olusHeparin RE-BOLUS if PTT i	SOLN-IV, as dir s less than or	
්ඞ් ` ඖඞ 30/Oct/2024 10:00	heparin heparin (heparin (lo	4,200 unit(s) = 84 mL, IV, S adinInfuse BEFORE heparin ma	OLN-IV, once, intenance infus	
30/Oct/2024 12:00	heparin heparin (heparin (lo	3,100 unit(s) = 62 mL, IV, S adinInfuse BEFORE heparin ma	OLN-IV, once, iintenance infus	
💷 ? 🞦 Unscheduled	HYDROmorphone	3 mg = 1.5 mL, IV, INJ, as	directed; see c	

9. Once the medication is signed, a 'Begin Bag' will appear on the MAR with the continuous infusion dose populated in units/hr.

heparin (additive) 25,000 unit(s) premix dextrose 5% in water 500 mL Total Volume (mL): 500, IV-CONTINUOUS, Titrate per nomogram, Start Date: 10/30/24 11:23:00 EDT, 52 kg, 1.59, m2 Initiate at 12 units/kg/h, up to a maximum o	Pending Last bag started: 2024-Oct-30 11:31 EDT	
Administration Information		Begin Bag 500 m
heparin		1,050 unit/hr Au
premix dextrose 5% in water		

DOCUMENTING A LOADING DOSE

- 10. If a loading dose has been ordered, locate the order on the MAR; it will show 'loading dose' on the entry.
 - a. Double click on the MAR task circled below





11. A pop up window will appear (see right).

- a. Confirm the ordered loading dose has populated correctly.
- b. For accuracy, change the 'performed date/time' to the correct administration time as per pump programming (this would be prior to the continuous infusion time).
- 12. A nurse witness is required as indicated by the yellow box. The nurse who completed the independent double check at time of administration will be required to enter their credentials before the medication can be signed off on the MAR.

NOTE: Once the loading dose has been signed on the MAR, it will turn grey and move to the bottom of the MAR under 'Discontinued Scheduled' as this is a one time order and should not be documented on any further (below).

heparin (heparin (loading dose)) 3,100 unit(s) = 62 mL, IV, SOLN-IV, once, First Dose: 10/30/24 12:00:00 EDT, Stop Date: 10/30/24 12:00:00 EDT Infuse EEFORE heparin maintenance infusio	
heparin	3,100 unit(s) Aut

neparin (8,100 unit(: 12:00:00 EE nfuse BEF	heparin (loading dose)) s) = 62 mL, IV, SOLN-IV, once, First Dose: 10/30/24 12:00:00 EDT, Stop Date: 10/30/24 DT ORE heparin maintenance infusion is started. Maximum dose 4.000 units. Must be ad
Performe	ed date / time : 30/Oct/2024
-	Witnessed by:
heparin:	3,100 unit(s) volume: 62 ml
)iluent :	<none> v ml</none>
Total Volu	me: 62 Infused Over: 0
€ 2024-0 1000	Oct-30 2024-Oct-30 2024-Oct-30 2024-Oct-30 2024-Oct-30 EDT 1100 EDT 1200 EDT 1300 EDT 1400 EDT 1500 EDT
4	en I
Not Giv	

DOCUMENTING ON ANTICOAGULATION RECORD

Comprehensive iView documentation is not currently available in the domain. The electronic MAR is required to be completed to accurately document the infusion within the HIS, however, the complete infusion history is not easily retrievable from one source. There will be elements of the paper record that are duplicated from the eMAR, however, it is important to complete all fields on the Anticoagulant Record, regardless of what is already in the eMAR.

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			Antico	agulant R	Record					
	-	Heparin is a hi	gh-alert medic	ation requiring	g an independ	ent double che	ck			
Type of Anticoage	Type of Anticoagulation Therapy: Image: Constraint of the constraint of th									
Indication for antico	oagulant t	herapy:								
Target INR Rang	je:	to	_			Conta	act Physicia	n lf:		
Target aPTT Ran	nge: 50 -	- 75 seconds				 INR le aPTT Thera 	ess than greater than peutic range	or greate 110 seconds for aPTT not	r than reached with 24 hours	of therapy
Date (dd/mm/yyyy) (t	Time hhmm)	Current heparin Dose (units/h)	Current Oral Dose (mg)	INR Result	PTT Result	New heparin Dose (units/h)	New Oral Dose (mg)	Bolus Heparin Dose (units)	Intervention	Nurse Signature
										1
										1
										1

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P Charting for: TESTCOVID, ONE

DOCUMENTING A DOSE CHANGE

13. If a heparin dose change is required based on the nomogram (below) located in the orders section and/or comments in the heparin continuous infusion MAR entry, the following steps will be completed.

aPTT (seconds)	Additional Bolus Dose (units)	Hold Infusion (minutes)	heparin Dose Change (units/h)	Repeat aPTT
Less than or equal to 40	3,000	0	Increase by 200 units/h	4 hours
41 - 49	0	0	Increase by 100 units/h	4 hours
50 - 75	0	0	No change	Next a.m.
76 - 85	0	0	Decrease by 100 units/h	Next a.m.
86 - 100	0	0	Decrease by 150 units/h	Next a.m.

a. Double click on the MAR task circled below

Continuous Infusions		
heparin (additive) 25,000 unit(s) premix dextrose 5% in water 500 mL Total Volume (mL): 500, IV-CONTINUOUS, Titrate per nomogram, Start Date: 11/04/24 16:40:00 EST, 48 kg Initiate at 20 units/kg/h, up to a maximum o	Pending Last bag started: 2024-Nov-04 16:42 EST	
Administration Information		Begin Bag 500 m
heparin		20 unit/kg/hr Au
premix dextrose 5% in water		

- b. A pop up window will appear (see right).
- c. Select the 'Rate Change' option
- d. Enter the new heparin dose (units/hr) in the 'heparin dose' field.
 Note: The new rate (mL/hr) will populate once the new heparin dose (units/hr) is entered.
- e. A nurse witness is required as indicated by the yellow box. The nurse who completed the independent double check at time of administration will be required to enter their credentials before the medication can be signed off on the MAR.
- f. Once the Nurse Witness fields have been completed, press the ✓ to complete the MAR entry for the heparin dose change.
- g. Document the heparin dose change on the Anticoagulant Record.



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DOCUMENTING A HEPARIN BOLUS

14. If a heparin bolus dose is required based on the adjustment nomogram (below) located in the orders section and/or order comments in the PRN heparin bolus MAR entry, the following steps will be completed.

aPTT (seconds)	Additional Bolus Dose (units)	Hold Infusion (minutes)	heparin Dose Change (units/h)	Repeat aPTT
Less than or equal to 40	3,000	0	Increase by 200 units/h	4 hours
41 - 49	0	0	Increase by 100 units/h	4 hours
50 - 75	0	0	No change	Next a.m.
76 - 85	0	0	Decrease by 100 units/h	Next a.m.
86 - 100	0	0	Decrease by 150 units/h	Next a.m.

a. Double click on the MAR task circled below in the PRN heparin bolus order on the MAR



- A pop up window will appear (see right).
 Confirm the ordered bolus dose has populated correctly.
- c. A nurse witness is required as indicated by the yellow box. The nurse who completed the independent double check at time of administration will be required to enter their credentials before the medication can be signed off on the MAR.
- d. Once the Nurse Witness fields have been completed, press the ✓ to complete the MAR entry for the heparin bolus.
- e. Document the heparin bolus on the Anticoagulant Record.



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DOCUMENTING A HOLD INFUSION

- 15. If a heparin infusion is required to be on hold based on the adjustment nomogram, the following steps will be completed.
 - a. Double click on the MAR task circled below in the heparin continuous infusion order on the MAR

Continuous Infusions	
heparin (additive) 25,000 unit(s) premix dextrose 5% in water 500 mL Total Volume (mL): 500, IV-CONTINUOUS, Titrate per nomogram, Start Date: 20/11/2024 12:00:00, 61 kg, 1.67, m2 Initiate as per Initial Infusion Rate Nomogram (refer t.	Pending Last bag started: 2024-Nov-20 12:01 EST
Administration Information	i
heparin	
premix dextrose 5% in water	

- A pop up window will appear (see right). Change the heparin dose to 0 (zero) unit/hr
- c. A nurse witness is required as indicated by the yellow box. The nurse who completed the independent double check at time of administration will be required to enter their credentials before the medication can be signed off on the MAR.
- d. Once the Nurse Witness fields have been completed, press the ✓ to complete the MAR entry for the heparin bolus.
- e. Document on the Anticoagulant Record that the infusion was placed on hold.

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P Charting for: TESTCOVID, ONE X					
heparin (additive) 25,000 unit(s) + premix dextrose 5% in water 500 mL Total Volume (mL): 500, IV-CONTINUOUS, Titrate per nomogram, Start Date: 20/11/2024 12:00:00, 61 kg, 1.67, m2 Initiate as per Initial Infusion Rate Nomogram (refer to PowerPlan view), up to a maximum of 2,30					
▲ ▶ 2024-Nov-20 00:09 EST - 2024-Nov-21 00:09 EST	• •				
2024-Nov-20 12:01 EST Begin Bag Bag # 1 Site Change Wrist, Left Infuse Bolus Rate Change 23 mL/hr heparin 1,150 unit/hr					
✓ Yes No heparin (additive) 25,000 unit(s)/500 mL Change ✓ Yes No premix dextrose 5% in water 500 mL Change					
*Performed date / time: 20/Nov/2024 V 1209 EST *Performed by: NHS Test01, Nurse	Comment				
*Bag #: 1 *Rate (mL/hr): 0	мрру				
*heparin Dose : 0 unit/hr v	Rate Change				
	In Progress				





RDERING the aPTT

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Once the aPTT has been reviewed, the nurse is required to enter the next aPTT as indicated on the heparin adjustment nomogram.

To complete this, the nurse must navigate to 'Orders' within PowerChart, Click 'Add' and search "aPTT". Once selected, the nurse will enter the ordering Prescriber's name and choose the option of 'Written' in the Communication Type selection box, then select OK.

and sear on the suspend the bet	Calculator MAdHoc IIII Medication Administration i Specie	nen Collection & PM Convention + 1 Martin Revent	Ordering Physician X
TESTCOVID, ONE		Medical Record Request + Ad	-
TESTCOVID, ONE Admin Sex:Female *Code Status: «No Data A	MRN:11053225 DOB:08/Aug/1996 vailable>	Allergies: Egg, penicillins At Age:28 years Dr	*Physician name Tam, Benjamin Ho-Lai, FRCPC
Menu ¥	P TESTCOVID, ONE - Add Order	Alerts:No Alerts Documented In	*Order Date/Time
Nurse View	TESTCOVID. ONE MRN:11053225	Allergies: Egg. penicillins Attending Test. Days	02/Nov/2024 2 V 1245 EDT
MAR	Admin Sex:Female DOB:08/Aug/199	6 Age:28 years Dose Wt:48.000 kg (3	
MAR Summary	Code Status: <no ava="" data="" isolation:droplet<="" td=""><td>Contact Alerts:No Alerts Documented Inpatient Fill: 22-0040</td><td>*Communication type</td></no>	Contact Alerts:No Alerts Documented Inpatient Fill: 22-0040	*Communication type
Interactive View and I&O	Diagnoses & Problems	Advanced lines of the	Phone with Read Back (Cosign)
Activities and Interventions	Diagnosis (Problem) being Addressed this Visit	APTT	Verbal with Read Back (Cosign)
redication List + Ada	+ Add S Convert Display Active	All All	Clinical Intervention
Orders + Add		aprepitant	Initiate Plan
Recumentation-	D SNOMED CT	aprepitant (50 mg, PO, CAP, daily) aprepitant (50 mg, PO, CAP, daily) First Docer T-11	Downtime Back Entry
Results Review	Annotated Display Code	aprepitant (125 mg. PO, CAP, once)	Medical Directive
Appointments	C	aprepitant onc	IPAC Isolation Urder
Allergies + Add	Problems	Ars in Medicine Appointment ONC Aspartate Transaminase CTX-45min SC Injection Appointment ONC	OK Cancel
Histories	* Add - Convert DO No Dwonic P	CTX-60min SC Injection Appointment ONC	

Once the order is selected, the fields below must be completed based on required draw time.

Details for Activated	Partial Thromboplastin T	īme (APTT)		
+ 1 lh. ♀ ≥				
*Specimen Type:	Blood	*Collection Priority:	·	
Frequency:	once 🗸	Duration:	Add On AM Draw (Inpatient Only)	
Duration unit:	~	*Collection Date/Time:	Routine EDT	
Nurse collect:	C Yes 🔘 No	Order for future visit:	Stat Timed Study	
Research Account:	~	CC Provider:	Urgent	
*Is Pt on Heparin Therapy?:	×			
Other Anticoag?:		Upright #Hrs:		
Missing Required Details Dx Table Orders For Cosignature Orders For Nurse Review Sign				



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