Unique Plan Description: _ Heparin Conversion from Oral Factor Xa Inhibitors Protocol
Plan Selection Display: _ Heparin Conversion from Oral Factor Xa Inhibitors Protocol
PlanType: Medical
Version: 23
Begin Effective Date: 03/03/2026 03/03/2026 8:22
End Effective Date: Current
Available at: ***EMMC***

Legend		
Green Highlight	=	Addition
Red Highlight	=	Deletion

Plan Comment: PRJ0425459, PRJTASK0481445 - Do Not Allow as Plan Favorite attribute selected - DV Do not delete content below this line ---------- This plan has Exclusive Powerplan Duplicate Therapy Filtering - it needs to be removed and re-added in bedrock/mpage setup/ "medication clinical decision support"/exclusive powerplan filtering/ Exclusive Powerplan Duplicate Therapy Filtering when versioned. 9-21-16- Heparin medication orders have special instruction PRN1 PRN2 to prevent duplicate alerts. These must be re-added if order is replaced. --DF
*****Do not delete: Contains policy/protocol related Reference Text. BW ***R06Z_HEPARIN_ANTIXA Rule looks for the 'Heparin 25,000 units/500 mL D5W (Premix) (Oral Xa Inhibitors Conversion)' synonym to exclude the plan from alerting - DV**

_ Heparin Conversion from Oral Factor Xa Inhibitors Protocol
Medications

☑ Print Supportive Documents for Network Downtime
_ SD Heparin Conversion from Oral Factor Xa Inhibitors Protocol (EMMC) Calculator
This protocol is indicated for patients who have taken a Factor Xa inhibitor (apixaban (Eliquis), edoxaban (Savaysa), rivaroxaban (Xarelto)) in the past 48-hours who also require heparin therapy. Factor Xa inhibitors interfere with the Anti-Xa level, therefore Anti-Xa monitoring of heparin cannot be used. This protocol utilizes PTT monitoring of heparin. The physician/AHP will exercise clinical judgment in determining when the heparin infusion will start. This will depend on the urgency of the need to initiate heparin.(NOTE)*
Xa Inhibitor Conversion Calculator(NOTE)*

Heparin Infusion

☑ Heparin 25,000 units/500 mL D5W (Premix) (Oral Xa Inhibitors Conversion)
Tot Vol: 500 mL, Titrate, Soln, IV, Indication: Conversion,factorXa inhibitor to Heparin
*Comments: 1) Use Heparin Calculator "Initial Dose by Indication" tab (Conversion from Oral Factor Xa Inhibitors) to obtain starting infusion rate; 2) Adjust Heparin rate based on PTT: USE HEPARIN CALCULATOR (Xa Inhibitor Conversion tab) ***See Reference Text 3) If restarting Post-Cath/PCI/Pacer: Start at pre-procedure rate; FOR TIME ORDERED (check offset) if access site is stable- NO Bolus.*

PRN Heparin Boluses

IMPORTANT: Click "APPLY STANDARD DOSE" button in dose calculator to enable MAX dose limit.(NOTE)*

☑ Heparin (MAX Dose 2,500 Units)
25 units/kg, Soln, IV Push, Every 6 Hours, PRN, Heparin Protocol (PTT)
Comments: For PTT less than 47 42: Bolus Heparin 25 units/kg and increase infusion rate 2 units/kg/hr. Next PTT in 6 hours.

☑ Heparin (MAX Dose 1,000 Units)
10 units/kg, Soln, IV Push, Every 6 Hours, PRN, Heparin Protocol (PTT)
Comments: For PTT 47 - 54 42 - 49: Bolus Heparin 10 units/kg and increase infusion rate 1 unit/kg/hr. Next PTT in 6 hours.

Laboratory

☐ PTT
BLOOD, Stat

☐ CBC without Differential
BLOOD, Stat

☐ PT (Protime) INR
BLOOD, Stat

☑ Provider Communication
Nurse may order Partial Thromboplastin Time (PTT) levels as instructed by the Heparin Calculator

☐ PTT
BLOOD, Timed Study

☑ PTT
BLOOD, Timed Study, Start: T+1;0545, Every AM, 30 Days

☑ CBC without Differential

BLOOD, Timed Study, Start: T+1;0545, Every AM, 30 Days

☑ Notify If

Notify Provider, if PTT greater than 109 113 seconds or if bleeding occurs.

☑ Partial Thromboplastin Time(IND)*

Between 55 50 sec and 86 80 sec

Non Categorized

Providers must exercise independent clinical judgment when using order sets.(NOTE)*

***Report Legend:**

DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a subphase