

EVALUATION OF PHARMACY MANAGED HEPARIN INFUSION PROTOCOL WITH SCHEDULED THREE-TIMES DAILY PTT LAB COLLECTIONS (A3), Trinh Chau, Daniel Patuszynski, VA Loma Linda Healthcare System, Loma Linda, CA (trinh.chau@va.gov) IRB approved.

Before implementing this protocol, heparin was managed individually by clinicians with varying degrees of therapeutic monitoring. The objectives of this study are to determine the average time elapsed to surpass the therapeutic partial thromboplastin time (PTT) threshold, average time elapsed to achieve therapeutic range, number of dose adjustments per patient, and whether there is a difference in number of dose adjustments between two nomograms. This is a retrospective chart review of our pharmacy Clinical Quality Assurance Heparin Database evaluating all patients who were initiated on the protocol from October 2008 thru March 2009. Baseline data shall include actual body weight (ABW), hemoglobin, platelet count, serum creatinine, glomerular filtration rate (GFR), International Normalized Ratio, and PTT. Resulting data will include heparin start time; whether the PTTs were therapeutic, subtherapeutic, or suprathematic; whether an adjustment was done based on PTT values; and presence of an adverse event. The endpoints are time to reach therapeutic PTT and percentage of patients who stayed within therapeutic range. We hypothesize that a pharmacy driven heparin nomogram based on ABW and GFR along with standard thrice daily laboratory collections will achieve a high success rate as determined by the time to

surpass the therapeutic PTT threshold while minimizing the time spent below therapeutic threshold. Results will be discussed.