



**Heparin VTE Treatment Protocol for Patients with High Bleed Risk**  
**(Target Heparin Assay AntiXa level 0.3 - 0.5 unit/mL)**  
**(Restricted to Trauma/Vascular Patients in ICU)**

<b>Initial Infusion Rate: 18 unit/kg/hr (Max initial rate 2,000 units/hr)</b> <b>Check heparin assay 4 hours after initiation</b>	
Heparin Assay AntiXa (unit/mL)	Action
< 0.15	Increase by <b>4</b> units/kg/hr (no boluses) Recheck heparin assay in <b>6 hours</b>
0.15 – 0.29	Increase by <b>2</b> units/kg/hr (no boluses) Recheck heparin assay in <b>6 hours</b>
<b>0.3 - 0.5</b>	<b>No Change</b> <b>Recheck heparin assay in 4 hours</b>
0.51 – 0.7	Stop infusion Recheck heparin assay every <b>1 hour</b> until level is $\leq 0.5$ , then restart after decreasing the rate by <b>2</b> units/kg/hr Recheck heparin assay in <b>4 hours</b>
> 0.7	Stop infusion Recheck heparin assay every <b>1 hour</b> until level is $\leq 0.5$ , then restart after decreasing the rate by <b>4</b> units/kg/hr Recheck heparin assay in <b>4 hours</b>

- High Bleed Risk is to be determined by the operating surgeon
- Bleed risk will be assessed at least once daily and when determined to be at baseline risk, the patient will be switched to the standard heparin protocol.