

Other Considerations

- The ***optimal sample*** for aPTT and heparin levels is a ***fresh venipuncture site***.
 - Alternate sites may be considered but present limitations with interpretation of the aPTT or heparin levels.
 - Capillary samples are not appropriate.
 - Samples should **never** be drawn from an IV containing heparin intended for *therapeutic anticoagulation*.
 - If aPTT is highly variable, heparin level may provide a more reliable measure.
 - Ensure sample is not contaminated by heparin from a heparinized IV line (1/2 or 1 unit/ml heparin) by drawing adequate waste volume to clear line before obtaining the sample to be tested.
- Avoid aspirin, NSAIDs and other antiplatelet drugs unless required for specific disease management or clinical situation.
- Consider alternative analgesics such as acetaminophen or choline magnesium salicylate (Trilisate®), as clinically appropriate, if analgesia is required.
- Avoid IM injections and arterial punctures.
- Heparin should be discontinued 6 hours prior to any **invasive procedures** such as lumbar puncture or surgery unless the clinical situation requires an emergent intervention. For conditions necessitating more emergent intervention, utilize protamine as described in the section Heparin Antidote. Restart 12-24 hours after the procedure or **surgery** and when hemostasis has been achieved.
- Mobilization should be encouraged as tolerated.

References:

David, M., et al. Heparin and LMWH in Children. Thrombosis Interest Group of Canada. January 2007. <http://www.tigc.org/eguidelines/heparinchild07.htm>. Accessed 11/15/08.

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Monagle P, Chan AKC, Goldenberg NA, Ichord RN, Journeycake JM, Nowak-Gottl U, Vesely SK. Antithrombotic therapy in neonates and children: antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians evidence-based clinical practice guidelines. Chest 2012; 141: e737S –e801S.

Roach ES. Golomb MR. Adams R. Biller J. Daniels S. Deveber G. Ferriero D. Jones BV. Kirkham FJ. Scott RM. Smith ER. American Heart Association Stroke Council. Council on Cardiovascular Disease in the Young. Management of stroke in infants and children: a scientific statement from a Special Writing Group of the American Heart Association Stroke Council and the Council on Cardiovascular Disease in the Young. [Journal Article] Stroke. 39(9):2644-91, 2008 Sep.

These guidelines do not establish a standard of care to be followed in every case. It is recognized that each case is different and those individuals involved in providing health care are expected to use their judgment in determining what is in the best interests of the patient based on the circumstances existing at the time. It is impossible to anticipate all possible situations that may exist and to prepare guidelines for each. Accordingly these guidelines should guide care with the understanding that departures from them may be required at times.

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