Patient Name:_____

Account #:_____

Bivalirudin Patient-Specific Dosing Flowsheet

Initial Infusion Rate:_____**mg/kg/hr** _____**ml/hr**

Date	PTT Draw Time	PTT Result	Time Rate Adjusted	Rate Change	Recalculated Infusion Rate **(mg/kg/hr)**	Recalculated Infusion Rate **(ml/hr)**	Verified Rate on pump **(Initial here)**	Warfarin Dose	INR
							_____	_____	____
							_____	_____	____
							_____	_____	____
							_____	_____	____