

# York/Simcoe/Muskoka REGIONAL CARDIAC STANDARDS FOR HIGH RISK ACUTE CORONARY SYNDROMES (ACS)

## EPTIFIBATIDE (INTEGRILIN)

**Allergies**     Environmental     Foods     Latex    Date \_\_\_\_/\_\_\_\_/\_\_\_\_    Wt. \_\_\_\_\_ kg  
 Drugs (specify) \_\_\_\_\_  
 No Known Allergy

**Ischemia refractory to appropriate trial of ASA/Enoxaparin/Clopidogrel  
Mandatory Inclusion Criteria (NO EXCEPTIONS).**

**CATH REFERRAL TO SRHC**

- At least 2 of:**
- age ≥60**
    - positive Troponin
    - ST depression – new or worsened ≥ 1 mm or fluctuating depression and elevation/transient ST elevation/T-wave inversion >1mm in >5 leads deep (>5mm) T inversion
  - OR**
    - planned PCI with recommended use by Interventionalist
  - OR**
    - hemodynamic compromise (heart failure/hypotension) with ongoing chest pain and ST segment shifts
  - OR**
    - rest angina with definite ECG changes within 4 weeks post MI

**Contraindications:**

- active bleeding
- pericarditis
- suspected aortic dissection
- pregnancy
- platelet count ≤ 100 X 10<sup>9</sup>/L
- recent trauma (2-4 weeks)/major surgery
- severe uncontrolled hypertension (SBP >180 mmHg and/or DBP >110 mmHg)
- stroke within 30 days prior or history of hemorrhagic stroke
- thrombolytics within the past 24 hours
- clinically significant liver disease
- Patients on Renal Dialysis should not receive “Eptifibatide”

**1. Procedures**

- Group and Screen
- CBC 2-4 hours after bolus dose and 24 hours after Eptifibatide (Integrilin) is discontinued
- Daily CBC, PTT, Serum Creatinine, BUN

**2. Medications**

- Continue ASA
- Continue Clopidogrel
- Continue Enoxaparin or heparin if ordered

● Black dot indicates Physician Order

**Refer to Eptifibatide (Integrilin) weight dosing chart for dosage calculations and administration (Page 2)**

**Recommended adult dose: In pts with serum creatinine less than 177 mmol/L**

- Eptifibatide 180 mcg/kg IV **bolus** \_\_\_\_\_ ml over 2 minutes (NB: Withdrawn from a 10mL bolus vial undiluted containing 2mg/mL solution to a maximum of 22.6 mg). Immediately following the bolus dose, a 100-mL infusion vial undiluted (0.75 mg/mL) should be spiked with a vented infusion set and a maintenance infusion administered.
- Maintenance infusion:** Eptifibatide 2 mcg/kg/minute continuous IV \_\_\_\_ ml per hour to a maximum of 15 mg/hr, for up to 72 hours.  
NOTE: If patient is undergoing PCI the infusion should be continued for 18 to 24 hours after the procedure or as advised by the interventionalist.

**RENAL IMPAIRMENT Serum Creatinine ≥ 177-354 mmol/L**

- Bolus dose remains unchanged. Eptifibatide 180 mcg/kg IV **bolus** \_\_\_\_\_ ml over 2 minutes  
Decrease maintenance infusion to half: Eptifibatide 1 mcg/kg/min continuous IV \_\_\_\_\_ ml per hour

**REGIONAL RECOMMENDATIONS  
FOR  
HIGH RISK ACUTE CORONARY  
SYNDROMES (ACS)  
EPTIBATIDE (INTEGRILIN)**

**Eptifibatide (Integrilin) Weight Dosing Chart, Dosage Calculations and Administration  
for Acute Coronary Syndromes (ACS) and  
Percutaneous Coronary Intervention (PCI)**

**180 mcg/kg Bolus and 2 mcg/kg/minute Infusion**

Patient Weight (kg)	BOLUS 180 mcg/kg 20mg/10mL (2 mg/mL vial)	Maintenance Infusion 2 mcg/kg/min 75 mg/100mLvial (0.75 mg/mL)	RENAL IMPAIRMENT Serum Creatinine ≥177-354 mmol/L
			Maintenance Infusion 1 mcg/kg/min
	Volume to infuse over 1-2 minutes	Rate	Rate
(kg)	(mL)	(mL/hr)	(mL/hr)
37-41	3.4	6	3
42-46	4	7	3.5
47-53	4.5	8	4
54-59	5	9	4.5
60-65	5.6	10	5
66-71	6.2	11	5.5
72-78	6.8	12	6
79-84	7.3	13	6.5
85-90	7.9	14	7
91-96	8.5	15	7.5
97-103	9	16	8
104-109	9.5	17	8.5
110-115	10.2	18	9
116-121	10.7	19	9.5
>121	11.3	20	10

References: Integrilin Product Monograph (2002) Key Pharmaceuticals, Schering Canada Inc.  
Southlake Eptifibatide Physician Orders for Acute Coronary Syndromes (ACS) and  
Percutaneous Coronary Interventions (PCI) November (2003) Southlake Regional  
Health Centre, Newmarket, Ontario, RVH Kare pathway physician Orders Cardiac  
catheterization/angioplasty (PCI), Pre-procedure

**Date September 30, 2005**