Anticoagulation Bridging Instructions

AFTER *your procedure*

Intermountain® Healthcare

▶ HIGH patient risk of blood clot (thromboembolism)

▶ HIGH bleeding risk of procedure

Name:_____ MRN/MMI:_____ Diagnosis: _____

Procedure: _____ Procedure date:_____

DEAR PATIENT: Before your procedure, you stopped taking warfarin (Coumadin) and had injections of enoxaparin (Lovenox) instead. AFTER your procedure, you will **go back to taking warfarin** and may **take enoxaparin only as instructed by your surgeon.** See below for day-by-day instructions. **Please show these instructions to your surgeon. Follow your surgeon's instructions if they are different from those below. Restart warfarin and take enoxaparin only when your surgeon says it's okay.**

ATTENTION SURGEON: The instructions below are tailored for patients with **HIGH** risk of thromboembolism and **HIGH** bleeding risk from their procedure. **Please review these post-operative patient anticoagulation instructions and approve or modify them based on your patient's hemodynamic stability. Enoxaparin should be started (if at all) no sooner than 72 hours after the procedure, and only after adequate surgical hemeostasis has been achieved.**

	Day of procedure Date: _____ Day: S M Tu W Th F S	1 day after Date: _____ Day: S M Tu W Th F S	2 days after Date: _____ Day: S M Tu W Th F S	3 days after Date: _____ Day: S M Tu W Th F S	4 days after Date: _____ Day: S M Tu W Th F S	5 days after Date: _____ Day: S M Tu W Th F S	6 days after Date: _____ Day: S M Tu W Th F S
WARFARIN (Coumadin) Regular weekly dose: _____mg/week	✓ **IMPORTANT: Before restarting warfarin,** confirm these instructions with the physician who performed your procedure. **Take 2 times your regular daily dose** (up to 10 mg maximum) in the evening at least 12 hours after your procedure.	**Take your regular dose of warfarin**	**Take your regular dose of warfarin**	**Take your regular dose of warfarin**	**Take your regular dose of warfarin**	**Take your regular dose of warfarin**	**Take your regular dose of warfarin**
ENOXAPARIN (Lovenox)* Dose: _____mg	**No enoxaparin**	**No enoxaparin**	**No enoxaparin**	**ASK YOUR SURGEON IF YOU SHOULD START ENOXAPARIN*** ☐ **Enoxaparin** **at** _____AM *and*_____PM	☐ **Get PT/INR** Await instructions about continuing enoxaparin ☐ **No enoxaparin** ☐ **Enoxaparin** **at** _____AM *and*_____PM	☐ **Get PT/INR** Await instructions about continuing enoxaparin ☐ **No enoxaparin** ☐ **Enoxaparin** **at** _____AM *and*_____PM	☐ **Get PT/INR** Await instructions about continuing enoxaparin ☐ **No enoxaparin** ☐ **Enoxaparin** **at** _____AM *and*_____PM

DO NOT start enoxaparin unless your surgeon tells you to, and no sooner than 72 hours after your procedure. Your surgeon may consider the risk of bleeding after your procedure to be too high to safely use enoxaparin. Follow your surgeon's instructions regarding if and when to start enoxaparin.

The above information is not a substitute for professional medical advice. Please talk with your healthcare provider if you have any questions or concerns.

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