

Physician Focused Best Practices for Safe Use of Anticoagulants

Heparin

1) Use standard nomograms for weight based heparin prescribing. Use no more than one nomogram for each different disease or indications, e.g.

Acute coronary syndrome
Deep vein thrombosis (DVT)
Stroke

2) Use one standard concentration for IV Heparin infusion

3) Agree to use a limited number of different heparin concentrations throughout the facility, e.g., anesthesia, dialysis, medicine, cardiac catheterization laboratory

4) Review documentation in the patient record for the administration of anticoagulants that may have been administered in other areas of the hospital, prior to prescribing anticoagulants, e.g., those that may have been administered in the emergency department or cardiac catheterization laboratory within the past 12 hours.

5) Ask the patient about any history of heparin allergy or heparin induced thrombocytopenia.

6) Round the dose of heparin or low-molecular weight heparin (LMWH) to avoid calculation and preparation errors, e.g., heparin 2,485 units would be rounded to 2500 units or enoxaparin 73 mg would be rounded to 70 mg.

7) Bridge patients with a *subtherapeutic* INR at discharge with a LMWH until the INR reaches a therapeutic level.

8) Order a baseline hemoglobin, hematocrit, serum creatinine and platelet count prior to initiating anticoagulant therapy.

9) During therapy of more than 3-5 days with unfractionated heparin or a LMWH, repeat the platelet count every 3 days during the first 2 weeks of therapy.

Warfarin

10) Develop and use disease specific protocols for the administration of warfarin, e.g., atrial fibrillation, joint replacement surgery or DVT.

11) Develop and use a standard protocol for the administration of vitamin K for treatment of supratherapeutic INR values, using the oral route as the preferred route based when appropriate.

12) Initiate warfarin therapy with 2.5 – 5 mg in patients 65 years and older

13) Use the INR to monitor warfarin therapy.

General

14) Provide the indication for therapy when anticoagulants are ordered to enable the pharmacist to monitor the patient response based on the protocol for that indication.

15) Participate in discussion and analysis of internal and external error reports with anticoagulants for the purpose of improving therapy with these agents in the organization.

16) Avoid the use of dangerous abbreviations when prescribing these and other medications.