

# Anticoagulant/Antithrombotic Tip Sheet for Frontline Nursing and CMT Staff

## Risk Factors

These increase the potential for ADEs. Multiple factors increase risk.

- **Bleeding**
  - Anticoagulant, antiplatelet or thrombolytic medication use
  - Concurrent use of more than one antithrombotic medication (e.g., use of aspirin while on anticoagulants)
  - History of stroke or GI bleed
  - NSAID medication use while on anticoagulants
  - Antibiotic use while on anticoagulants
  - Amiodarone use while on anticoagulants
  - Dietary changes affecting vitamin K intake (e.g., dark leafy greens)
- **Thromboembolism**
  - Anticoagulant medication use
  - Prolonged immobility
  - Recent major surgery
  - Prior history of venous thromboembolic events
  - Consistently subtherapeutic PT/INR

## Signs & Symptoms

Any of these may indicate an ADE may have occurred.

- **Bleeding**
  - Elevated PT/INR, PTT
  - Low platelet count
  - Bruising
  - Nosebleeds
  - Bleeding gums
  - Prolonged bleeding from wound, IV or surgical sites
  - Blood in urine, feces or vomit
  - Coughing up blood
  - Abrupt onset hypotension

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## Signs & Symptoms, continued

- **Thromboembolism**
  - Pain or tenderness and swelling of upper or lower extremity
  - Increased warmth, edema and/or erythema of affected extremity
  - Unexplained shortness of breath
  - Chest pain
  - Coughing
  - Hemoptysis
  - Feelings of anxiety or dread

## Clinical Interventions

If any of these actions have occurred, the facility should conduct an investigation to determine if an ADE has occurred.

- STAT order for PT/INR, PTT, platelet count or CBC
- Abrupt stop order for anticoagulant/antithrombotic medication
- Administration of Vitamin K
- STAT chest X-ray
- Unplanned transfer to hospital

## Quality Improvement

Access HQIN's [Anticoagulant Adverse Drug Events Self-Assessment](#) to assess your organization's commitment to preventing anticoagulant ADEs.