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 <u>Anticoagulant Adverse Drug Events Self-Assessment</u> to assess your organization's commitment to preventing anticoagulant ADEs.

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