

Anticoagulation Therapy

Policy and Procedure

Policy:

Anticoagulation therapy is the administration of certain drugs (i.e., Coumadin, Heparin, Lovenox, etc.) that reduce the tendency of blood to coagulate, thus reducing the risk of thrombosis. They prevent blood clots from forming or growing larger. Anticoagulation is indicated for a variety of conditions, including prophylaxis of venous thrombo-embolism and the prevention of systemic embolism. This medication regimen can help stop life-threatening conditions that can be caused by blood clots such as strokes, heart attacks and pulmonary embolism,

The administration of anticoagulant therapy must be individualized, and the dosing of some medications is titrated by monitoring the resident's INR value.

Anticoagulant therapy may be contraindicated in residents who have a high risk of hemorrhage, alcoholism/drug abuse, dementia/psychosis or gait instability. Residents with these conditions must be evaluated for the potential clinical benefits versus adverse effects.

Procedure:

Nursing considerations include awareness that antibiotic therapy increases the INR levels, further increasing the risk of bleeding. Residents who are receiving Coumadin and are put on antibiotics should have more frequent INR draws.

1. Observe for signs of bleeding (the most common side effect with any anticoagulant); care plan should reflect that resident is observed for:
 - Blood in urine or stool (black, tarry stools)
 - Bleeding of gums, nose
 - Small purplish, hemorrhagic spots on skin (petechiae)
 - Excessive and easy bruising
 - Bleeding from tumors, ulcers, or lesions
 - Confusion, change in mental status
 - Headache that is severe or unusual (may signal a brain bleed)
2. Monitor routine PT/INR levels; orders should be specific and reflect that the physician will be notified of abnormal values (range indicated in order, i.e., above 3).
3. Implement new medication orders in response to lab values and or/symptoms.

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4. Administer the medication at the same time daily. Never double a dose because you missed a dose.
5. Recognize possible food interactions to anticoagulation medications that may increase the risk of blood clots (dietary Vitamin K, Proteins, etc.).
6. Recognize possible drug interactions (see below).
7. Maintain physician orders for laboratory testing to monitor changes in hepatic and renal function.

Some Examples of Possible Drug Interactions with Anticoagulation Therapy Include:

Acetaminophen	Fuoroquinolone Antibiotics	Phenylbutazone Displaces
Acetylsalicylic Acid (Aspirin)	Fluorouracil	Phenytoin
Allopurinol	Glucagon	Propoxyphene
Aminosalicylic Acid	Heparin	Propafenone
Amiodarone HCL	Hepatotoxic Drugs	Pyrazolones
Anabolic Steroids	Indomethacin	Quinidine
Anesthetics (inhalational)	Influenza Virus Vaccine	Quinine
Chenodiol	Ifosfamide	Ranitidine+

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Date of Review and/or Revision: _____

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