



Cottage Grove Infusion
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Anticoagulation Bridging Order Set (v. 05/16/2024)

Diagnosis/Indication (ICD-10): _____

Follow up anti-coagulation by _____ (provider required) & _____ Anticoagulation Clinic (if applicable)
after discharge from CG Infusion

.. Bridging to warfarin (new start)

- Start warfarin plus enoxaparin bridging tomorrow (or day after hospital discharge) per pharmacy dosing

.. Bridging off/ on for procedure

Date of Procedure: _____ Type of procedure: _____

Take last dose of warfarin 5 days before procedure, or on _____

Begin enoxaparin per pharmacy dosing 4 days before procedure, or on _____

.. On day after procedure, resume warfarin plus enoxaparin bridging per pharmacy dosing (or day after hospital discharge)

.. Patient will NOT return to CG Infusion for bridging after procedure

■ Discontinuation anticoagulation bridging order set when criteria met

- Mechanical MVR, Mechanical AVR plus a-fib: overlap for at least 4 days & INR 2.5- 3.5 for at least 1 day
- PE, DVT (new or history): overlap for at least 5 days & INR 2-3 for at least 2 days
- All other indications: overlap for at least 4 days & INR 2-3 for at least 1 day

Labs:

- INR, CBC no differential, BMP on day 1 (if not done in last 7 days), then per pharmacy protocol

Nursing communications:

- Vital signs: as needed

Emergency Medications:

- DiphenhydrAMINE (BENADRYL) 25 to 50 mg IV as needed for mild to moderate drug reactions (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>/= 20 points in SBP), nausea, urticaria, chills, pruritic). Administer 25 mg IV once, if reaction does not resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg and contact provider.
- MethylPREDNISolone sodium succinate (Solu-MEDROL) 125 mg IV once as needed for shortness of breath, continued symptoms of mild to moderate drug reaction (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>/= 20 points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl). Contact provider if given.
- Epinephrine 0.3 mg IM once for anaphylaxis. If reaction does not resolve in 3 minutes may repeat 0.3 mg IM dose for a total of 0.6 mg. Avoid use of hand, foot, leg veins in elderly patient and those with occlusive vascular disease. Contact provider if given.
- Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction.
- Emergency medications can be given IM if IV route unavailable

Patient name: _____

Provider printed name: _____

DOB: _____

Provider signature: _____

Height _____ Weight _____

Date: _____ Time: _____