Please circle the correct response:

1. The National Patient Safety Goal intended to reduce the probability of patient harm associated with the use of anticoagulation therapy is Goal:
   a) 1a
   b) 1e
   c) 3a
   d) 3e

2. The lab test used to routinely monitor the level of systemic anticoagulation with unfractionated heparin, and adjust doses is which of the following?
   a) Prothrombin time
   b) aPTT
   c) INR
   d) None of the above

3. For enoxaparin, which of the following is true?
   a) aPTT is routinely used to monitor therapy and adjust doses
   b) Although not required routinely, an anti-Xa level can be drawn to monitor the level of anticoagulation, and in some cases, adjust enoxaparin dosages.
   c) There is no lab test for monitoring the level of anticoagulation with enoxaparin
   d) The ACT is the preferred lab test for monitoring enoxaparin

CASE

JK is a 69 Y/O male with a 15 year history of diabetes and vascular problems. He weighs 160 pounds and is 5'9" tall. His most recent serum creatinine was reported to be 3.2mg/dL.

3. JK is started on enoxaparin for DVT prophylaxis. Which of the following would be the most appropriate dose.
   a) Enoxaparin 30 mg subcutaneous BID
   b) Enoxaparin 40 mg subcutaneous once daily
   c) Enoxaparin 30 mg subcutaneous once daily
   d) Enoxaparin 70 mg subcutaneous once daily

4. Despite receiving appropriate DVT prophylaxis, JK complains of increased swelling and calf pain. Doppler studies confirm presence of a right calf DVT. This patient is intolerant of warfarin, and his physician wants to use enoxaparin for a 6 month course. What is the most appropriate dose for JK?
   a) Enoxaparin 40 mg subcutaneous BID
   b) Enoxaparin 70 mg subcutaneous once daily
   c) Enoxaparin 70 mg subcutaneous BID
   d) Enoxaparin 110 mg subcutaneous once daily

5. On the morning of post-op day 2, the patient complains of calf pain, shortness of breath, and a VQ scan confirms high probability for a PE. The INR is 1.1 and patient has NOT had her AM enoxaparin dose yet. Which of the following do you recommend?
   a) DC the enoxaparin. Give the patient 80 units/kg of unfractionated heparin as a bolus, followed by an infusion at 18 units/kg/hour, and continue the warfarin (targeting INR between 2-3).
   b) Initiate warfarin only (no heparin) with a target range for INR between 2-3.
   c) Start the heparin drip while continuing the enoxaparin and warfarin.
   d) None of the above.
6. Which of the following would be expected to cause an increase in the INR for a patient being prescribed warfarin?
   a) A CYP enzyme inhibitor
   b) A medication that displaces warfarin from protein binding sites
   c) Reduced vitamin K intake in the diet
   d) All of the above

7. For a patient on an anticoagulant at UTMC, the Anticoagulation Flowsheet should be kept:
   a) In the patient’s room
   b) In the patient’s red book with the patient’s MARs
   c) In the graphic section of the patient’s chart
   d) There is no need to maintain an anticoagulation Flowsheet.

8. Conditions that place a patient at the highest risk for developing a DVT include all of the following EXCEPT:
   a) Orthopedic surgery
   b) CHF
   c) Multiple major trauma
   d) Abdominal or pelvic surgery

9. One of the best references an anticoagulation therapy recommendations can be found in a supplement to the journal:
   a) NEJM
   b) JAMA
   c) Circulation
   d) CHEST