

| | |
|---|---|
| Name of Policy: <u>Anticoagulant Orders and Anticoagulant Monitoring</u> Policy Number: 3364-133-85 Department: Pharmacy Approving Officer: Senior Hospital Administrator Responsible Agent: Director of Pharmacy Scope: University of Toledo Medical Center |  Effective Date: 6/1/2023 Initial Effective Date: 10/27/2010 |
| <input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy | <input checked="" type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy |

(A) Policy Statement

The University of Toledo Medical Center Pharmacy and Therapeutics and Medical Executive Committees will create standard ordering processes to be consistent with National Patient Safety Goal .03.05.01 to reduce likelihood of patient harm associated with the use of anticoagulation therapy.

(B) Purpose of Policy

To provide guidelines to the providers, pharmacists, and nurses for ordering and evaluating anticoagulation therapy

(C) Procedure

- 1) Appropriate safety measures for anticoagulants are built into the electronic medical record and may be clarified in additional policies or Restricted Medication (RM) procedures
 - a) RM26 warfarin
 - b) RM6 argatroban
 - c) Procedure 80-IPP anticoagulant transition procedure
 - d) Outpatients are monitored through 3364-133-110 through 3364-133-117
 - e) RM23: KCentra
 - f) RM64: Praxbind
 - g) RM 4: Novoseven
 - h) RM7 Refludan
 - i) 3364-100-70-13 High Alert Medications
 - j) Orders for treatment doses of intravenous unfractionated heparin must ordered through the electronic order set. (i.e i-form)
 - a. Pharmacist will verify initial bolus dose (if ordered) and infusion rate calculated through the order set or ordered specifically by the provider
 - b. Initial labs as outlined on order form: CBC, aPTT, PT, and INR
 - c. Ongoing labs: UFH heparin assay 6 hours after initiation of UFH infusion and 6 hours after each rate change, UFH heparin assay each morning, a CBC every 3 days while on heparin, and stool occult blood after one week of heparin or is signs or symptoms of bleeding.
 - k) Orders for treatment doses of enoxaparin must ordered through an electronic order set such as enoxaparin or DVT iForm.
 - a. Pharmacist to review dosing based on weight, renal function and screen for contraindications.
 - b. Pharmacists will adjust per policy 3364-133-100
 - c. Recommended laboratory monitoring includes CBC, PT/INR, and stool occult if suspected bleeding
 - d. LMWH Heparin Assay available and recommended if patient > 150kg or BMI > 50, renal dysfunction, hepatic dysfunction, pregnancy, children, and those who are very underweight or very overweight.
 - b. Orders for the direct oral anticoagulants (rivaroxaban, apixaban, dabigatran, edoxaban) must be ordered through an electric order set

- a. Pharmacist to review dosing based on weight, age, renal function, indication and contraindications.
- b. Pharmacists will adjust per policy 3364-133-100
- c. Recommended laboratory monitoring includes CBC, BMP, and stool occult if suspected bleeding

| | |
|--|--|
| <p>Approved by:</p> <p><u>/s/</u> _____ <u>05/23/2023</u> Lindsey Eitniece, PharmD, BCPS, AAHIVP Date Director of Pharmacy</p> <p><u>/s/</u> _____ <u>05/24/2023</u> Russell Smith, Pharm D, MBA, BCPS, CPEL Date Senior Hospital Administrator</p> <p><i>Review/Revision Completed By:</i> <i>Pharmacy</i></p> | <p>Review/Revision Date: 4/2017 3/2020 6/2023</p> |
| <p>Next Review Date: 6/2026</p> | |
| <p>Policies Superseded by This Policy:</p> | |