## Periprocedural Management of Antithrombotic Therapy - Adult - Inpatient/Ambulatory Consensus Care Guideline

## **Appendix A. Examples of Warfarin Bridging with Enoxaparin**

Assumptions:

- Warfarin is being taken in the evening and is being held x 5 days prior to an outpatient procedure
- The patient has been deemed high risk for TE complications
- The patient's CrCl > 30 mL/min
- Enoxaparin dose = 1 mg/kg SQ every 12 hours, rounded to nearest commercially available strength

Low/Moderate Bleed Risk Procedure Example Bridge Plan

| Date                     | Enoxaparin<br>AM | Enoxaparin<br>PM    | Warfarin                | Notes   |
|--------------------------|------------------|---------------------|-------------------------|---|
| Pre-Procedure<br>Day -5  | Hold             | Hold                | Hold                    |   |
| Pre-Procedure<br>Day -4  | Hold             | Hold                | Hold                    |   |
| Pre-Procedure<br>Day -3  | *** mg           | *** mg              | Hold                    |   |
| Pre-Procedure<br>Day - 2 | *** mg           | *** mg              | Hold                    |   |
| Pre-Procedure<br>Day -1  | *** mg           | Hold                | Hold                    |   |
| Procedure Day            | Hold             | Hold                | *** mg<br>(*** tablets) | After your procedure, ask your proceduralist if it is safe to restart warfarin and enoxaparin at the times listed |
| Post Procedure<br>Day 1  | Hold             | *** mg              | *** mg<br>(*** tablets) |   |
| Post Procedure<br>Day 2  | *** mg           | *** mg              | *** mg<br>(*** tablets) |   |
| Post Procedure<br>Day 3  | *** mg           | *** mg              | *** mg<br>(*** tablets) |   |
| Post Procedure<br>Day 4  | *** mg           | *** mg              | *** mg<br>(*** tablets) |   |
| Post Procedure<br>Day 5  | *** mg           | To Be<br>Determined | To Be<br>Determined     | Check INR   |

| KFY |   |
|-----|---|
|     | Dark gray shaded cells: no doses administered |
|     | Unshaded cells: doses administered            |

High Bleed Risk Procedure Example Bridge Plan

| Date                     | Enoxaparin<br>AM | Enoxaparin<br>PM    | Warfarin                | Notes   |
|--------------------------|------------------|---------------------|-------------------------|---|
| Pre-Procedure<br>Day -5  | Hold             | Hold                | Hold                    |   |
| Pre-Procedure<br>Day -4  | Hold             | Hold                | Hold                    |   |
| Pre-Procedure<br>Day -3  | *** mg           | *** mg              | Hold                    |   |
| Pre-Procedure<br>Day - 2 | *** mg           | *** mg              | Hold                    |   |
| Pre-Procedure<br>Day -1  | *** mg           | Hold                | Hold                    |   |
| Procedure Day            | Hold             | Hold                | *** mg<br>(*** tablets) | After your procedure, ask your proceduralist if it is safe to restart warfarin and enoxaparin at the times listed |
| Post Procedure<br>Day 1  | Hold             | Hold                | *** mg<br>(*** tablets) |   |
| Post Procedure<br>Day 2  | Hold             | Hold vs *** mg      | *** mg<br>(*** tablets) |   |
| Post Procedure<br>Day 3  | Hold vs *** mg   | *** mg              | *** mg<br>(*** tablets) |   |
| Post Procedure<br>Day 4  | *** mg           | *** mg              | *** mg<br>(*** tablets) |   |
| Post Procedure<br>Day 5  | *** mg           | To Be<br>Determined | To Be<br>Determined     | Check INR   |

