



Pharmacy

- A. If a patient will have an invasive procedure which will require temporary interruption of **warfarin**:
 - i. Pharmacist or front desk staff to contact practitioner performing procedure to determine appropriate length of holding warfarin therapy and when to resume warfarin post-procedure and document in EMR.
- B. If authorization granted in CCA for MMC to manage all parenteral bridge therapy, the pharmacist will then determine need for bridging based on VTE/stroke risk in Appendix A.
 - i. Pharmacist will document “MMC to manage parental bridging” in the anticoagulation episode and anticoagulation tracker.
- C. If provider has **NOT** granted authorization in CCA for MMC to manage all parenteral bridge therapy, the pharmacist will contact referring practitioner to determine need for bridging and document communication in EMR. Pharmacist will provide a recommendation based on VTE/stroke risk in Appendix A.
- D. If bridging has been deemed appropriate, pharmacist to create bridging calendar (using template in Appendix B).

Patient will be contacted by front desk staff to schedule bridge appointment, obtain patient’s current weight, inform patient of need to visit lab prior to appointment (if needed), and update preferred pharmacy.

Prior to visit, pharmacist will enter order for H/H, SCr and PLT if most recent results in EMR are >30 days (unless otherwise stated/documented) if stable or > 7 days if not. Pharmacist will also create the bridge calendar prior to the patient visit.

The following will occur at the visit:

 - a. Updated weight taken
 - b. INR checked, adjustment of calendar if needed
 - c. Discuss bridge plan – bridge calendar will be provided to patient and documented in the EMR
 - d. Schedule return appointment with MMC for 3 to 7 days after procedure, as appropriate
 - e. Send in prescription for enoxaparin
 - f. Assist patient with medication access
 - ii. If bridging is not necessary and patient has been seen at MMC within 2 months, pharmacist to call patient and discuss periprocedural anticoagulation dosing via telephone.
- E. If bridging is not necessary and patient has NOT been seen at MMC within 2 months,

- A. If the anticoagulation CCA signed by the practitioner indicates blanket bridging is requested, the pharmacist will proceed with ordering the appropriate bridge therapy. The pharmacist will send their note to the referring provider, including the following information:
 - i. Patient's sub-therapeutic INR value and etiology, if known

**Appendix A: Risk Stratification for VTE/stroke
Atrial Fibrillation**

Annual

Appendix B: Standardized Bridge Calendar

Patient: Indication for Warfarin: Weight: SCr: Soc: III	Procedure: Lovenox syringe size: Days to hold Warfarin: Sent to Pharmacy:
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Definition of Guideline Grading Recommendation:

2012 CHEST Perioperative Management Grade 1C Strong recommendation, low-or very low-quality evidence

Grade 2C Weak recommendation, low or very low-quality evidence

2017 AHA/ACC Focused Update-Valvular Heart Disease Class 1, Level C Strong recommendation, limited evidence or expert opinion

Class 2a, Level C Moderate (strength) recommendation, limited evidence or expert opinion

References:

1. Douketis JD, Spyropoulos, AC, Spencer, FA, et al. Perioperative management of antithrombotic therapy: CHEST evidence-based clinical practice guidelines (9th edition). Chest. 2012;141(2_suppl): e326S-e350S.
2. Doherty JU, et al. 2017 ACC Expert Consensus Decision Pathway for Periprocedural Management of Anticoagulation in Patients with Nonvalvular Atrial Fibrillation. J Am Coll Cardiol. 2017.69(7):871-898.
3. Nishimura RA, Otto CM, Bonow RO, et al. 2017 AHA/ACC Focused Update of the 2014 AHA/ACC Guideline for the Management of Patients With Valvular Heart Disease: A Report of the ACC/AHA Task Force on Clinical Practice Guidelines. J Am Coll Cardiol. 2017. 70(2): 252-89.
4. Tomeselli GF, et al. 2017 ACC Expert Consensus Decision Pathway on Management of Bleeding in Patients on Oral Anticoagulants: A Report of the American College of Cardiology Task Force on Expert Consensus Decision Pathways. J Am Coll Cardiol. 2017 Dec, 70 (24) 3042–3067.

