



Riverbend Medical Center Regional Infusion Center (RIC)
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Anticoagulation Bridging Order Set (v. 02/19/2025)

Diagnosis/Indication for anticoagulation (ICD-10): _____

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

.. 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 RIC 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: _____