

Anticoagulant/Antiplatelet Criteria for Use

Cardiac Hospice Eligibility Criteria

- ◆ Decline in health past the benefit any treatment
- ◆ Unable to perform daily activities with comfort
- ◆ Shortness of breath and mild chest pain at rest
- ◆ Symptoms get worse with activity
- ◆ Low blood pressure with loss of consciousness
- ◆ Poor appetite and lose of the ability to swallow
- ◆ Weight loss over 7% in 3 months and 10% in 6 months
- ◆ History of TIA's and Strokes
- ◆ History of cardiac arrest or resuscitation
- ◆ History of aspiration pneumonia

Other Conditions that May Require Blood Thinners

- ◆ Pulmonary Disease
- ◆ Vascular Dementia
- ◆ Some Cancers
- ◆ Blood Disorders

American College of Chest Physicians 2016 Guidelines

- ◆ Duration of therapy limited to 3 months with few exceptions
- ◆ No preference to treatment option
- ◆ Extended therapy limited to patients with life expectancy >1-year, good functional status, and low bleeding risk

WARNINGS AND CONTRAINDICATIONS

Universal Contraindications + Warnings

- ⊕ Dementia or senility, alcoholism, psychosis, or any other condition decreasing patient cooperation
- ⊕ Current bleeding, hemorrhages or trauma
- ⊕ Over 65 years old
- ⊕ Poor anticoagulant control
- ⊕ Frequent falls
- ⊕ Decreased daily activity
- ⊕ Additional medications (more meds=more interactions)
- ⊕ Abnormal blood counts
- ⊕ End-Stage heart or cardiovascular disease
- ⊕ Severe diabetes
- ⊕ Multiple conditions

WARFARIN

- ⊕ Risk increases the longer you are on warfarin
- ⊕ INR more difficult to maintain as eating habits change
- ⊕ Small changes in temperature, bowel movements, diet, and fluid retention can result in large changes in INR
- ⊕ INR's required more frequently as condition changes

XARELTO

- ⊕ Doses 15mg and over must be given with food
- ⊕ Contraindicated in the "elderly"
- ⊕ Dose adjustment required for liver and kidney failure
- ⊕ Side effects include back pain, itching, anxiety, insomnia, dizziness, depression, muscle spasm, and fatal bleeds

PRADAXA

- ⊕ Dose adjustment required for kidney failure
- ⊕ Higher risk for GI related bleeds and gastritis
- ⊕ Side effects include diarrhea, abdominal pain, nausea, upset stomach, GERD, GI ulcers, and fatal bleeds

ELIQUIS

- ⊕ Dose adjustment required for liver and kidney failure
- ⊕ Contraindicated in patients under 60kg (132lbs)
- ⊕ Should not be used in patients with high blood pressure
- ⊕ Side effects include nausea, low blood pressure, and anemia

EFFIENT

- ⊕ Dose adjustment required for kidney failure
- ⊕ High risk for low blood pressure and slow heart rate
- ⊕ Side effects include diarrhea, nausea, back pain, edema, dizziness, fatigue, cough headache and fatal bleeds

PLAVIX

- ⊕ Increases risk of pneumonias
- ⊕ Should not be used in patients with high blood pressure
- ⊕ Side effects include GI ulcers, diarrhea, muscle pain, confusion hallucinations, taste changes, and low blood pressure

Institute for Safe Medication Practices - Newer Anticoagulants the Nation's Top Risk of Acute Drug Injury

A recent CDC study showed anticoagulants related adverse drug events (ADE's) accounted for 2.4 times more hospitalizations than ADE's for appropriately used opioids. Most anticoagulant related ADE's rated "severe" with 48.8% requiring hospitalization compared to 24.6% for opioids and 7.1% for antibiotics. Of the nearly 50% a majority were due to the "safer" new anticoagulants. Pradaxa (dabigatran) - 63.8% Xarelto (rivaroxaban) - 50.4%, Coumadin (warfarin) - 48.5%