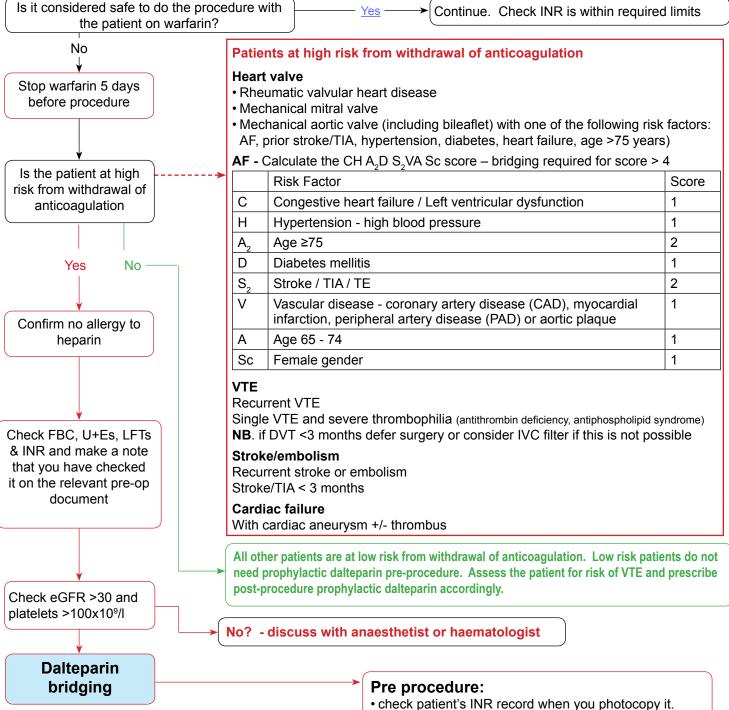
Dalteparin bridging for patients taking warfarin

This is guidance:

If you are unsure please ring anticoagulation on x 4006 or bleep 1413 (working hours) or email: anticoagulation. service@salisbury.nhs.uk.

More complex patients or those with more than one high risk indication, should be discussed with a consultant haematologist. email: shc-tr.haemenquiries@nhs.net for generic consultant haematology/anticoag queries.

Please photocopy the patient's dosage information leaflet/INR record, to include the target range and file in the healthcare record.



Actual body Daltonarin does (unite

weight Kg	Daiteparin dose (units)
under 46	7500 once daily
46 - 56	10000 once daily
57 - 68	12500 once daily
69 - 82	15000 once daily
83 and over	18000 once daily
> 110kg	You may wish to give a higher dose although this is unlicenced d/w haematologist or anticoag clinic. See <u>Dalteparin policy</u>

- - If the control is good, stop 5 days pre procedure
 - If INR >4 consider stopping warfarin earlier
- start therapeutic dalteparin 3/7 pre procedure
- last pre procedure dose of therapeutic dalteparin >24 hrs (i.e. before 09:00 preceding day).
- fill out clotting screen request form for the day of surgery and file in the healthcare record
- complete and give patient the warfarin bridging patient information leaflet

Day of surgery/procedure

Morning of procedure:

- Check clotting screen, review by anaesthetist
- · Ensure mechanical prophylaxis applied if appropriate (and continued until full mobility).

Post surgery/procedure

Post procedure: High risk patients

(those patients who were bridged with therapeutic dalteparin pre-procedure)

- Give dalteparin 5000 iu on day of surgery (day 0 as soon as possible after procedure, by 6pm for morning surgery/procedure, 10pm for afternoon surgery/procedure)
- Restart therapeutic dalteparin from day 1
- After major surgery (significant blood loss/risk of renal failure) please check FBC U&Es LFTs & INR before restarting warfarin
- Restart warfarin 2 days after surgery/procedure (defer to day 3 if surgery carries a high risk of wound bleeding). High risk patients must have at least 1 dose of therapeutic dalteparin before warfarin is started
- Dose of warfarin; If the INR remains 1.5 or more after surgery give the patient's usual maintenance dose. If the INR is less than 1.5 give warfarin at double their normal maintenance dose for the first dose followed by the usual maintenance dose daily thereafter
- Check INR within 3 days of restarting warfarin and stop the dalteparin when the INR is in the therapeutic range.
- If patient has cancer and therapeutic dalteparin is continued beyond 4 days then repeat FBC between days 4 7 & 10 14 to look for a fall in platelet count (heparin induced thrombocytopenia), discuss any concerns with a consultant haematologist.

Post procedure: Low risk patients

(those patients who were not bridged with therapeutic dalteparin pre-procedure)

- Give prophylactic dalteparin according to VTE risk assessment / policy
- Restart warfarin 1 2 days after surgery/procedure (defer to day 2 if surgery carries a high risk of wound bleeding).
- Dose of warfarin; If the INR remains 1.5 or more after surgery give the patient's usual maintenance dose. If the INR is less than 1.5 give warfarin at double their normal maintenance dose for the first dose followed by the usual maintenance dose daily thereafter.
- Check INR within 3 days of restarting warfarin and stop the dalteparin when the INR is in the therapeutic range.