Considerations for Anticoagulant Use in Long-Term Care

Anticoagulants

- Also referred to as 'blood thinners'
- Used for patients at significant risk of clotting or those who have been diagnosed with a clot
- Anticoagulants are often confused with antiplatelets (like aspirin or Plavix). While both can cause bleeding, they are used for different diseases, have different mechanisms, and anticoagulants tend to have a higher risk of bleeding.
- Anticoagulants can be dosed in different ways in order to be used for prevention of clotting (prophylaxis) or for treatment. It is always important to understand why a patient is on an anticoagulant to ensure dosing is correct.
- While some anticoagulants have additional adverse effects, the main concern is bleeding.

Most common indications:

- Atrial Fibrillation – Abnormal heart rhythm increasing the risk of a blood clot and possible stroke
- Venous Thromboembolism (VTE) – Blood clot formed in the leg (deep-vein thrombosis) and/or lung (pulmonary embolism)

Injectable Medications	Oral Medications
Unfractioned heparin	Coumadin (warfarin)
Lovenox (enoxaparin)	Eliquis (apixaban)
Arixtra (fondaparinux)	Paradaxa (dabigatran)
	Savaysa (edoxaban)
	Xarelto (rivaroxaban)

Best Practices

- Especially in long-term care and chronically ill patients, it is essential to ensure the risk of bleeding is less than the benefit of using the anticoagulant
- Ensure medication choice and dosing is optimized:
  - Warfarin is less effective and less safe than newer agents and has many drug and food interactions
  - Dosing may need adjustment for kidney or liver function
- A clear monitoring plan is essential for anticoagulants
- Frequent falls risk evaluation and effective falls prevention strategies are very important
- If a patient has a fall, especially unwitnessed, they should be evaluated by a provider
- If a bleeding event occurs:
  - Treat with urgency knowing the patient may bleed more and for longer
  - After recovery, risk/benefit of anticoagulant use should be re-assessed

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