<u>WVUH Anticoagulation/Antiplatelet Drug Recommendations for Neuraxial Procedures</u>

WARNING When prescribing anticoagulants in patients who have had or will be having either spinal or epidural anesthesia it is imperative that you follow the ASRA guidelines. Consult www.asra.com for the most current guidelines.

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1 Anticoagulant Drugs on page 1 Antiplatelet Drugs on page 2	Minimum time between last dose of anticoagulant and when spinal injection or catheter placement can occur.	While catheter is in place and removal.	Minimum time between spinal injection or catheter removal and when next dose of anticoagulant can be given.		
ANTICOAGULANTS					
Heparin infusion or Heparin dose greater than 5000 Units subcutaneously	when aPTT is less than 32 seconds (upper limit of normal range)	AVOID use while catheter is in place unless discussed with acute pain service. Call the acute pain service to remove a catheter.	2 hours (adults) 3 hours (pediatrics)		
Heparin 5000 Units subcutaneously every 8-12 hours	No time restrictions				
Enoxaparin (Lovenox) full dose subcutaneously (1mg/kg every 12 hours; 1.5mg/kg daily) and Creatinine Clearance greater than 30ml/min	24 hours‡	Contraindicated while catheter is in place.	2 hours (adults) 3 hours (pediatrics)		
Enoxaparin (Lovenox) prophylaxis dose 30mg subcutaneously every 12 hours and Creatinine Clearance greater than 30ml/min	24 hours ‡	Contraindicated while catheter is in place.	2 hours (adults) 3 hours (pediatrics)		
Enoxaparin (Lovenox) prophylaxis dose 40mg subcutaneously daily and Creatinine Clearance greater than 30ml/min	10-12 hours [‡]	Can be given while catheter is in place after calling anesthesia to verify use. Must not be given until at least 8 hours after placement of catheter. The second postoperative dose should occur no sooner than 24 hours after the first dose. Call acute pain service to remove a catheter.	2 hours (adults) 3 hours (pediatrics)		
Warfarin (Coumadin)	when INR is less than 1.5	AVOID while catheter in place. Call acute pain service to remove a catheter.	2 hours (adults) 3 hours (pediatrics)		
Fondaparinux (Arixtra) Until further clinical experience is available, performance of neuraxial techniques should occur under conditions utilized in clinical trials (single need pass, atraumatic needle placement, avoidance of indwelling neuraxial catheters).	24-48 hours [‡]	AVOID while catheter in place. Call acute pain service to remove a catheter.	2 hours (adults) 3 hours (pediatrics)		
Argatroban	when aPTT is less than 32 seconds (upper limit of normal range)		2 hours (adults) 3 hours (pediatrics)		
Lepirudin (Refludan)	when aPTT is less than 32 seconds (upper limit of normal range)		2 hours (adults) 3 hours (pediatrics)		

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Bivalirudin (Angiomax)	when aPTT is less than 32 seconds (upper limit of normal range)	AVOID while catheter in place. Call acute pain service to remove a catheter.	2 hours (adults) 3 hours (pediatrics)	
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ANTIPLATELET DRUGS				
Aspirin / NSAIDS	No time restrictions			
Clopidogrel (Plavix)	7 days	AVOID while catheter in place. Call acute pain service to remove a catheter.	2 hours (adults) 3 hours (pediatrics)	
Ticlopidine (Ticlid)	14 days		2 hours (adults) 3 hours (pediatrics)	
Abciximab (ReoPro)	48 hours	AVOID while catheter in place. Call acute pain service to remove a catheter.	2 hours (adults) 3 hours (pediatrics)	
Eptifibatide (Integrilin)	8 hours †		2 hours (adults) 3 hours (pediatrics)	
Tirofiban (Aggrastat)	8 hours [‡]		2 hours (adults) 3 hours (pediatrics)	
Alteplase (TPA) Full dose for stroke, MI, etc.	10 days	AVOID while catheter in place. Call acute pain service to remove a catheter.	10 days	
Alteplase (TPA) 2mg dose for catheter clearance	No time restrictions (maximum dose 4mg / 24 hours)			

[†] May be longer for patients with renal insufficiency (CrCl < 50 mL/min). Consult anesthesiology for recommended time interval. ‡ May be longer for patients with renal insufficiency (CrCl < 30 mL/min). Consult anesthesiology for recommended time interval.