

Radiology of Indiana Anticoagulation Recommendations - Updated 11/04/2024

Medication		Recommendation			
		Low Risk		High Risk	
		Hold for:	Can Restart:	Hold for:	Can Restart:
Warfarin		Do not hold; Target INR <=3. Bridge for high thrombosis risk cases	Same day reinitiation for bridged patients	5 days until INR <=1.8. Bridge for high thrombosis risk cases. Can reverse with vitamin K and/or PCC if emergent	24 hrs. high risk thrombosis can be bridged with LMWH
Heparin	IV gtt	Do not hold	N/A	4-6 hrs	24 hrs
	Prophy UFH subQ	Do not hold	N/A	6 hrs (1 dose)	12 hrs
	Treatment LMWH (Lovenox)	Do not hold	N/A	2 dose or 24 hrs	12 hrs
	Prophy LMWH (Lovenox)	Do not hold	N/A	1 dose	12 hrs
	Dalteparin (Fragmin)	Do not hold	N/A	1 dose	12 hrs
Aspirin	Low dose (81 mg)	Do not hold	N/A	5 days	24 hrs
	High dose/with Dipyridamole	Do not hold	N/A	5 days	24 hrs
Cilostazol (Pletal)	Cilostazol (Pletal)	Do not hold	N/A	Do not hold	N/A
NSAIDs	Short acting (half life 2-6 hrs): Ibuprofen, Diclofenac, Ketoprofen, Indomethacin	Do not hold	N/A	Do not hold	N/A
	Intermediate (half life 7-15 hrs): Naproxen, Sulindac, Diflunisal, Celecoxib	Do not hold	N/A	Do not hold	N/A
	Long acting (half life >20 hrs): Meloxicam, Nabumetone, Piroxicam	Do not hold	N/A	Do not hold	N/A
	Oxaprozin (Daypro)	Do not hold	N/A	6 days	24 hrs
GIIb/IIIa Inhibitors	Short acting (IV gtt): Eptifibatid (integilin), Tirofiban (aggrestat)	4 - 8 hrs dialysis/AKI/CKD patients 12 hours	ASAP	4 - 8 hrs dialysis/AKI/CKD patients 12 hours	ASAP
	Long Acting: Abciximab (Reopro)	24 hrs	ASAP	24 hrs	ASAP
Direct Thrombin Inhibitors	Argatroban (Acova)	Do not hold	N/A	2-4 hours (check aPTT) hepatic dysfunction: 12 hours	4-6 hrs
	Bivalirudin (Angiomax)	Do not hold	N/A	2-4 hours (check aPTT) dialysis/AKI/CKD patients 12 hours	4-6 hrs
	Desirudin (Iprivask)	Do not hold	N/A	4 hours	ASAP
	Dabigatran (Pradaxa)	Do not hold	N/A	4 doses (GFR>=50) 6-8 doses (GFR<50) can reverse with idaracuzimab if emergent	24 hrs
Direct Factor Xa Inhibitor	Rivaroxaban (Xarelto)	Do not hold	N/A	2 doses (GFR>=30) 3 doses (GFR<30) can reverse with PCC if emergent	24 hrs
	Apixaban (Eliquis)	Do not hold	N/A	4 doses (GFR>=30) 6 doses (GFR<30) can reverse with PCC if emergent	24 hrs
	Edoxaban (Savaysa)	Do not hold	N/A	2 doses can reverse with PCC if emergent	24 hrs
Betrixaban (bevyxxa)	Betrixaban (Bevyxxa)	Do not hold	N/A	Withhold for 3 doses can reverse with PCC if emergent	24 hrs
Indirect Factor Xa Inhibitor	Fondaparinux (Arixtra)	Do not hold	N/A	2-3 days (eGFR > 50) 3-5 days (eGFR < 50)	24 hrs
Thienopyridines	Clopidogrel (Plavix)	Do not hold	N/A	5 days	6 hrs if 75mg 24 hrs if 300 - 600 mg
	Prasugrel (Effient)	Do not hold	N/A	7 days	24 hrs
	Ticlopidine (Ticlid)	Do not hold	N/A	7 days	24 hrs
	Ticagrelor (Brilinta)	Do not hold	N/A	5 days	24 hrs
Cangrelor (Kengreal)	Cangrelor (Kengreal)	1 hr prior to emergent procedures only	ASAP, shared decision making with cardiology team recommended	1 hr prior to emergent procedures only	ASAP, shared decision making with cardiology team recommended

Low Risk Procedures	High Risk Procedures
(PT/INR, platelets, hemoglobin not routinely recommended. INR less than or equal to 2-3. Platelet transfusion if less than 20)	(PT/INR, platelets, hemoglobin routinely recommended. INR corrected to range of equal to or less than 1.5 - 1.8. Platelet transfusion if less than 50)
Catheter/drain exchange; nephrostomy tube exchange	Ablation (solid organs, bone, soft tissue, lung)
Diagnostic venogram and select venous interventions	Biliary intervention (e.g. new biliary tube placement, cholecystostomy tube placement)
Dialysis access intervention	Catheter directed thrombolysis
IVC filter placement and removal	Deep abscess drainage (lung, parenchyma, abdominal, pelvic, retroperitoneal)
Non-tunneled venous catheter placement/removal	Deep non-organ and organ biopsy (spine, soft tissue in intra abdominal, retroperitoneal, pelvic compartments, lung)
Tunneled venous catheter placement and removal	Diagnostic arteriography and peripheral arterial interventions (sheath less than 6 French)
PICC placement	Embolotherapy (uterine fibroid embolization/prostatic artery embolization, TACE, TARE)
Paracentesis	Gastrostomy, gastrojejunostomy placement
Thoracentesis	IVC filter removal (complex)
Superficial drainage or biopsy (palpable lesion, lymph node, soft tissue, breast, thyroid, superficial bone, bone marrow)	Portal vein intervention
Transjugular liver biopsy	Solid organ biopsy
Bone marrow biopsy	Suprapubic catheter placement
Facet joint injections and medial branch nerve blocks (thoracic and lumbar)	Transjugular Intrahepatic Portosystemic Shunt (TIPS)
Peripheral nerve blocks	Tunneled drainage catheter placement (e.g. PleurX)
Joint/MSK injections	Port Placement and removal
Sacroiliac joint injection	Urinary tract intervention (ureteral dilation, NPCN placement, stone removal)
Sacral lateral branch blocks	Venous intervention (intrathoracic)
Trigger point injections	Fallopian tube recanalization
Chest tube placement	Spine procedures with risk of spinal or epidural hematoma (kyphoplasty, vertebroplasty, epidural injection, facet block cervical spine)
* Lumbar Puncture (LP) - Please reference "Lumbar Puncture & Myelogram Anticoagulation Guidelines"	Disc aspiration