



### CARDIAC SCIENCES ANTICOAGULATION PRE-ANGIOGRAM THROMBOTIC RISK FORM

You have indicated that your patient is on Warfarin. Please complete the following form for assessment of thrombotic risk and to determine the need for LMWH. **Your patient cannot be scheduled for their procedure until this form is completed and faxed back to 204-235-3586.** If bridging is indicated, the Cardiac Sciences Program Anticoagulation Clinic will initiate bridging in the periprocedural period.

***Please check the appropriate indication:***

Valvular heart disease     No     Yes

Atrial fibrillation     No     Yes

With one or more risk factors (check those that apply):

Heart failure     Diabetes Mellitus     Hypertension     Prior CVA/TIA     Age > 75

History of CVA/TIA     No     Yes    Date of CVA/TIA: \_\_\_\_\_

Mechanical heart valve     No     Yes    Date of implant: \_\_\_\_\_     aortic     mitral

DVT / PE     No     Yes    Date: 

D	D	M	M	M	Y	Y	Y	Y	Y

Other Indication (please list): \_\_\_\_\_

On Warfarin     No     Yes

Other oral anticoagulant     No     Yes    List \_\_\_\_\_

Does your patient have a history of Heparin Induced Thrombocytopenia?     No     Yes

Patient Thrombotic Risk (please check):     Low     Intermediate     High

Does this patient require bridging with LMWH?     No     Yes

Form completed by (Physician signature): \_\_\_\_\_

**Thrombotic Risk:**     Low Risk - Warfarin stopped 4-5 days pre procedure  
                             High Risk - Patient choose 1     Uninterrupted Warfarin  
   Bridge by special request contact  
  Nurse Practitioner at 204.258.1258

Bridging Reviewed by: \_\_\_\_\_ Date: 

D	D	M	M	M	Y	Y	Y	Y	Y

**Legend:**  
LMWH - Low Molecular Weight Heparin    DVT - Deep Vein Thrombosis    PE - Pulmonary Embolus  
CVA - Cerebrovascular Accident    TIA - Transient Ischemic Attack