

Procedures with a Low Risk for Bleeding

- Central Line Removal
- Dialysis Access Intervention
- Drainage Catheter Exchange
- IVC Filter Placement
- Paracentesis
- PICC Placement
- Superficial Abscess Drainage
- Superficial Aspiration & Biopsy
- Thoracentesis
- Venography

Management of Low Risk Procedures

- INR > 2 requires treatment
- Platelets < 50,000 requires treatment
- Plavix: Hold 5 days prior
- Coumadin: Hold 5 days prior
- Lovenox: Hold 1 dose prior
- Aspirin: Do **not** hold
- Routine Labwork: INR, PTT, PLT

Procedures with a Moderate Risk for Bleeding

- Abscess Drainage or Biopsy:
 - Chest Wall
 - Intraabdominal
 - Retroperitoneal
- Angiography / Arterial up to 7 French
- Chest Tubes
- Cholecystostomy
- Gastrostomy Tube - Initial Placement
- Kyphoplasty
- Liver Biopsy
- Lumbar Puncture / Myelogram
- Lung Biopsy
- Tunneled Central Venous Catheter
- Venous Intervention

Management of Moderate Risk Procedures

- INR > 1.5 requires correction
- Platelets < 50,000 requires treatment
- Plavix: Hold 5 days prior
- Coumadin: Hold 5 days prior
- Lovenox: Hold 1 dose prior
- Aspirin: Do **not** hold
- Routine Labwork: INR, PTT, PLT

Procedures with a Significant Risk for Bleeding

- Biliary Interventions - New Tract
- Cryoablations
- Nephrostomy Tube Placement
- Renal Biopsy
- TIPS

Management of Significant Risk Procedures

- INR > 1.5 requires correction
- PTT > 1.5 times control value: stop or reverse Heparin
- Platelets < 50,000 requires treatment
- Plavix: Hold 5 days prior
- Coumadin: Hold 5 days prior
- Lovenox: Hold 24 hours prior
- Aspirin: Hold 5 days prior
- Routine Labwork: INR, PTT, PLT

**Contact D.I. Nursing / Vascular Access for clarification
or additional information not listed on this form.**