

**Department of Radiology**  
**Pre-Procedural Guidelines for Coagulation Status and Hemostasis Risk Management**  
**for Imaging Guided Procedures in Adult Patients. \***

**Low Risk Procedure**

<b>Example</b>	<b>Labs</b>	<b>Management</b>
Paracentesis; Thoracentesis; Superficial FNA(ie. Thyroid, superficial lymph node); Superficial Abscess Drainage; Drain Catheter Exchange	INR, PTT, Platelet Count & HCT are not routinely recommended unless pt is taking anticoagulants or is known or suspected to have a coagulation disorder.	INR $\leq$ 1.7 PTT: Hold Heparin Platelets > 50,000 Plavix: Hold x 5 days ASA: Hold when possible Lovenox: Hold x 12 hrs

**Moderate Risk Procedure**

<b>Example</b>	<b>Labs</b>	<b>Management</b>
FNA Biopsy or Abscess Drainage - Intraabdominal, Retroperitoneal, Intrathoracic Lumbar Puncture / Myelogram	INR - Recommended PTT - Recommended if on Heparin. Platelet Count, HCT - not routinely recommended	INR $\leq$ 1.5 PTT: Hold Heparin Platelets > 50,000 Plavix: Hold x 5 days ASA: Hold x 5 days Lovenox: Hold x 12 hrs

**High Risk Procedure**

<b>Example</b>	<b>Labs</b>	<b>Management</b>
Core Biopsy	INR, PTT, Platelet Count & HCT -Routinely Recommended	INR < 1.5 PTT: Hold Heparin Platelets > 90,000 Plavix: Hold x 5 days ASA: Hold x 5 days Lovenox: Hold x 24 hrs

The management recommendations for each coagulation defect and drug assume that NO other coagulation defect is present and that no other drug that might affect coagulation status has been administered.

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\*For Angiography / IR procedures, IR will assess the patient's record and make any recommendations.

\*For Mammography procedures, consult the Breast Center for recommendations.

\*For Transplant Service Patients at University, please refer to separate guidelines in the Rad Dept.

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***In emergency or highly urgent clinical situations, the risks of procedural delay may outweigh the potential bleeding risks. In these situations, the course of action should be assessed by the Radiologist at the point of care.***

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These guidelines attempt to define practice principles that generally should assist in producing high quality medical care. These guidelines are voluntary and are not rules or standards. A physician may deviate from these guidelines, as necessitated by the individual patient and available resources. These guidelines should not be deemed inclusive of all proper methods of care or exclusive of other methods of care that are reasonably directed towards the same result. The ultimate judgment regarding the conduct of any specific procedure or course of management must be made by the physician, who should consider the circumstances relevant to the individual clinical situation. Adherence to these guidelines will not assure a successful outcome in every situation.

Updated 10/2009