

Recommendations for Holding Anticoagulants for Patients Scheduled to Receive Neuraxial Anesthesia or Peripheral Nerve Blocks

| Generic | Brand | Hold for |
|-----------------------------|--------------|--|
| abciximab | Reopro | 48 hours |
| apixaban | Eliquis | 48 hours (longer in renal impairment) |
| ASA | Aspirin | Continue |
| Aspirin/dipyridamole | Aggrenox | 7 days |
| clopidrogel | Plavix | 7 days |
| dabigatran | Pradaxa | 7 days |
| dalteparin | Fragmin | 24 hours (longer in renal impairment) |
| enoxaparin | Lovenox | 24 hours |
| fondaparinux | Arixtra | 48 hours (longer in renal impairment) |
| heparin unfractionated (SQ) | Heparin (SQ) | 8 hours |
| NSAIDs | NSAIDs | Continue |
| prasugel | Effient | 7 days |
| rivaroxaban | Xarelto | At least 24 hours (longer in renal impairment) |
| ticlidipine | Ticlid | 14 days |
| warfarin | Coumadin | Usually hold 4-5 days. INR day prior to surgery. Otherwise, INR day of surgery |

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| Plavix | clopidrogel | 7 days |
| Pradaxa | dabigatran | 7 days |
| Reopro | Abciximab | 48 hours |
| Ticlid | tiiclodipine | 14 days |
| Xarelto | rivaroxaban | At least 24 hours (longer in renal impairment) |

**Stopping these medications may require consultation with the patient's physician, cardiologist or hematologist.*

Patients are at higher risk of stopping anticoagulant if they have a moderate to high risk of thrombotic complications. These conditions include:

- 1) the presence of any intravascular (coronary, cerebral) stent*
- 2) less than six months after acute MI, CABG, or stroke*
- 3) a history of recurrent DVT, PE, atrial fibrillation, or mechanical heart valve.*
- 4) patients who are on ASA antiplatelet drugs for secondary prevention (known CAD, CVD, PVD, diabetics (men>50, women >60) with other comorbidities (renal dysfunction, tobacco, hypercholesterolemia, hypertension).*