

You respond for an 82 year old female patient who had a fall from standing, landing on her right hip. She has some shortening and external rotation to the right hip with moderate discomfort. Her husband hands you a list of her medications while you and your partner initiate your assessment and obtain initial vitals. Her medications include: Eliquis, Metoprolol, Digoxin, Furosemide, Pravastatin and Janumet. Her husband states that she is diabetic and had a heart attack 10 years ago. She has no allergies to medications. Initial vitals include the following: HR – 90 bpm, strong and irregular, Afib on the cardiac monitor; RR – 22/min, full and regular; BP – 148/74; SPO2 – 96% on RA; GCS – 15.

What are your next steps? If you said, consider this patient for analgesia, you are correct! As per the Adult Analgesia Medical Directive, acetaminophen and/or morphine can be considered for this patient. This patient is on an anticoagulant (Eliquis) which is a contraindication for ibuprofen and ketorolac. Also, due to the high rate of delirium following dimenhydrinate (Gravol) in patients > 65, it should be avoided unless required for active vomiting.

This case is based on a trend identified not only in the CPER region but provincially. Paramedics are not always recognizing anticoagulant medications before the administration of ketorolac and ibuprofen. Paramedics have shared that patients sometimes indicate they are not on “blood thinners” but they are noted in their medication list. Paramedics have also shared that they are unfamiliar with the name of all of the available anticoagulant medications.

Anticoagulant medications are one of the contraindications for ibuprofen and ketorolac administration due to the risk of increased bleeding (antiplatelet activity) so careful attention needs to be given to all medications that your patients are taking as part of your Medication Safety Cross-Check. Strategies to mitigate these patient care concerns include updating lists of anticoagulant medication names in your directive book or utilizing an app or other resources to confirm what each medication is, delaying medication administration until all medications are confirmed and performing a thorough history taking to identify possible indications for anticoagulant therapy use (ie. atrial fibrillation, post-surgery, history of DVT, PE or recurrent stroke, etc.).

Some more commonly used anticoagulants include: heparin, warfarin (Coumadin), enoxaparin (Lovenox), dabigatran (Pradaxa), abixaban (Eliquis), rivaroxaban (Xarelto), edoxaban (Savaysa), fondaparinux (Arixtra).