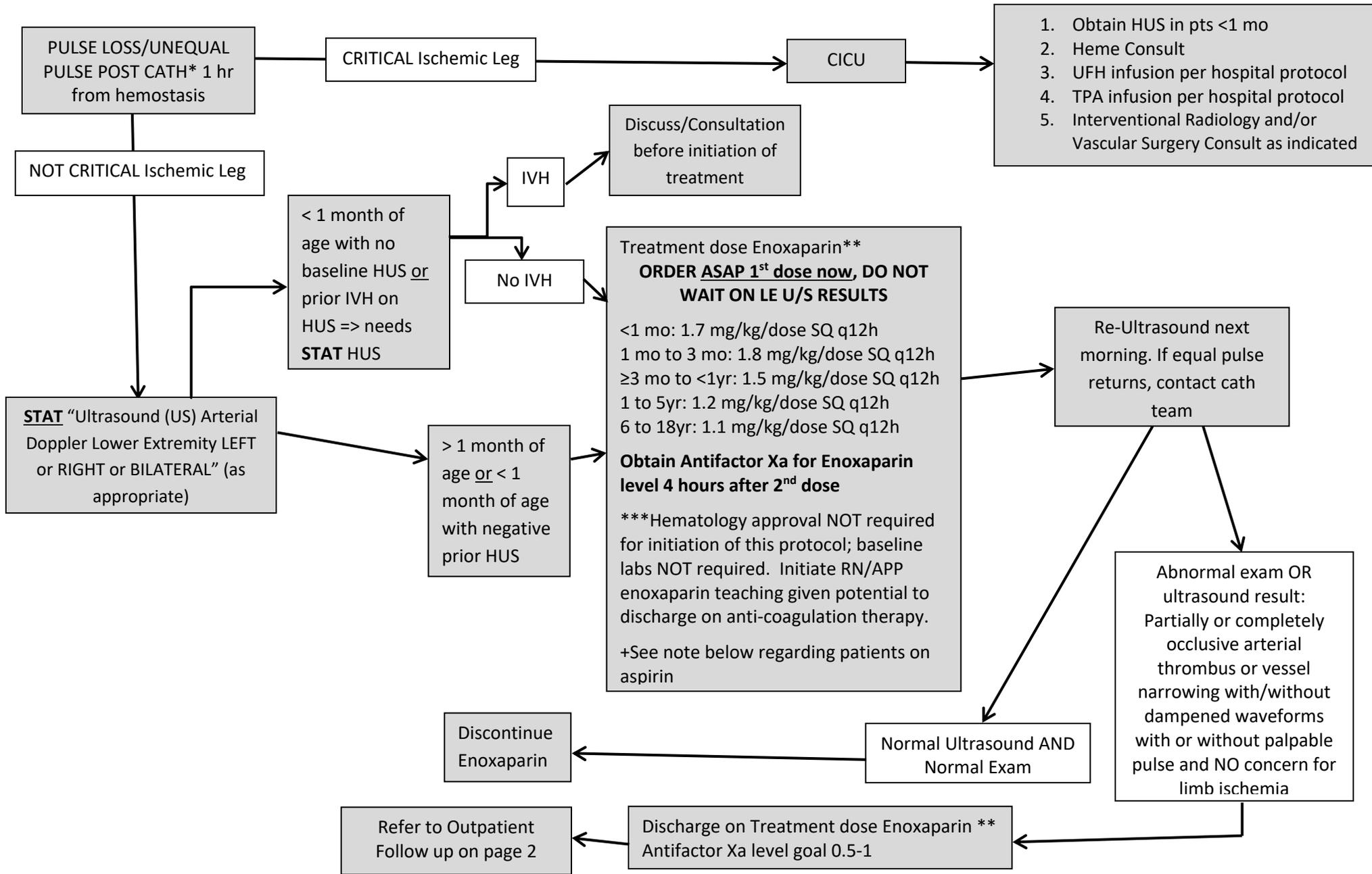


# CHP Post Cath Pulse Loss Protocol (updated 4/8/2020)



\*Definition of an exam with pulse loss is based on PALPATION, not DOPPLER status. A Dopplerable pulse that is not palpable may well be from collateral flow and DOES NOT rule out an occlusive common femoral arterial thrombus.

\*\*Adjustment needed in renal dysfunction

+ For patients on aspirin therapy already, the addition of Enoxaparin should not alter aspirin dosing

HUS = Head Ultrasound; IVH = Intraventricular Hemorrhage; UFH = Unfractionated Heparin; SQ = subcutaneous

## Outpatient Follow up\*

- 1 week post discharge:
  - Repeat U/S and exam
  - Antifactor Xa for Enoxaparin level 4hrs post dose
  - Normal exam and U/S => discontinue Enoxaparin
  - Abnormal exam or U/S => continue treatment
- 1 month post discharge:
  - Repeat U/S and exam
  - Antifactor Xa for Enoxaparin level 4hrs post dose
  - Normal exam and U/S => discontinue Enoxaparin
  - Abnormal exam or U/S => continue treatment
- 2 months post discharge:
  - Repeat U/S and exam
  - Antifactor Xa for Enoxaparin level 4hrs post dose
  - Normal exam and U/S => discontinue Enoxaparin
  - Abnormal exam or U/S => continue treatment
- 3 months post discharge:
  - Repeat U/S and exam
  - Regardless of U/S and exam findings => discontinue Enoxaparin

\*Outpatient management for patients primarily followed at CHP => Primary cardiologist with guidance from interventional cardiology service APP vs. interventional cardiology faculty or interventional cardiology APP

\*Outpatient management for patients NOT primarily followed at CHP => Primary cardiologist with guidance from interventional cardiology APP