

**Blood Thinner Risk Plan**

**Participant’s Name:**

**Date plan Begins:**

**Date Plan Expires:**

**Dates of Revisions:**

**Written by:**

**Risk:**       is at risk of bruising easily, excessive bleeding, and internal bleeding.

**Desired Outcome:**       will take medication as prescribed and eat diet recommended by physician. Staff will ensure that all medical personnel are aware of prescribed blood thinners during doctor’s appointments or emergency medical intervention and prior to surgery or dental work. Staff will respond as trained if symptoms of bruising easily, excessive bleeding, or internal bleeding are exhibited.

**History:**       is prescribed      , which is a blood thinner.

[**Blood thinners**](https://www.webmd.com/heart-disease/ss/slideshow-tips-for-taking-blood-thinners) are medicines that help blood flow smoothly through the veins and [arteries](https://www.webmd.com/heart/picture-of-the-arteries), keep [blood clots](https://www.webmd.com/dvt/blood-clots) from forming or getting bigger, and are used to treat some [types of heart disease](https://www.webmd.com/heart-disease/guide/heart-disease-symptoms), [heart](https://www.webmd.com/heart/picture-of-the-heart) defects, and other conditions that could raise the risk of getting blood clots that could cause a stroke or heart attack. There are two types of blood thinners, anticoagulants and antiplatelets. Anticoagulants slow blood clotting down, preventing clots form forming and growing. Antiplatelets prevent platelets form clumping, also preventing clots form forming and growing.

**Supports and interventions:**

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* Staff will assist      , as needed, to take medications as prescribed.
* Staff will encourage       to follow physician recommended diet.
* Staff will monitor for and address environmental hazards that may present a risk of falling or injury such as poor lighting, clutter, uneven surfaces, slippery surfaces, stairs, or throw rugs.
* Staff will encourage       to engage in activities that are low risk for injury.

**Monitor:**

* Easy bruising
* Hypotension or low blood pressure
* Tachycardia or rapid heart rate
* Severe headache
* Severe pain
* Swelling after injury
* [Pale skin color](https://www.healthline.com/health/paleness)
* Chest or shoulder pain
* Tingling in hands or feet
* Changes in vision
* Lack of energy
* [Fatigue](https://www.healthline.com/symptom/fatigue)
* [Lightheadedness](https://www.healthline.com/health/lightheadedness)
* Heavy sweating not caused by heat or physical activity
* Blood in stool or urine

**Severe Symptoms:**

* Severe bleeding
* Vomiting blood
* [Shortness of breath](https://www.healthline.com/symptom/shortness-of-breath-on-exertion) or unable to breathe deeply
* Gasping or coughing
* Change of mental status-confusion, disorientation
* Loss of consciousness

**Notify:**

* **Call 911 if exhibiting unsteadiness, instability, or loss of consciousness following an, emergency intervention was necessary, such as, back blows, abdominal thrusts, CPR, etc., exhibiting multiple or severe symptoms, if more than first aid is needed for injuries, if they hit their head, any type of reaction that interferes with the ability to breathe or swallow, rapidly worsening symptoms, or loss of consciousness..**
* **See doctor if exhibiting any other symptoms listed above.**
* Notify Program Manager and Health and Safety Tech and/or Nurse of any falls, injuries, bruising, excessive bleeding, symptoms of internal bleeding, change of condition, or concerns.
* Program Manager will notify family, guardian, other Program Managers, and/or Providers of any falls, injuries, bruising, excessive bleeding, symptoms of internal bleeding, change of condition, or concerns.
* Staff will document on incident report by end of shift.

**If 911 is called:**

* Remain with       until EMTs arrive. If emergency intervention was necessary, continue as trained until relieved by EMTs.
* Ensure that emergency personnel are aware of prescribed blood thinner,      , medical conditions, allergies, and medications.
* Follow       to the hospital and remain with participant until relieved by staff or family.
* Complete an incident report by end of shift and BDDS report within 24 hours.

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| **Provider** |  | **Risk Plan** |  |  | **Date Effective** |
| **Paladin** | **Blood Thinner** |  |
| **Print Name** | **Signature** | **Company/Title** | **Date** |
|  |  | **Paladin/Program Manager** |  |
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