Your care plan for DVT

**Enoxaparin**

☐ Your care team will call you and set up a time for you to come in and get your shot.

☐ A nurse will come to give you your shot.

☐ You or your caregiver will give you your shots.

☐ Take 1 shot per day  ☐ Take 2 shots per day

Take shot at: __________  Take shots at __________ and __________

It’s best to take your shot at the same time each day. If you’re taking 2 shots a day, try to take them about 12 hours apart (for example at 8:00 in the morning and again at 8:00 at night.).

**Warfarin**

☐ Take 10 mg of warfarin

   Day 1 __________ and Day 2 __________

☐ Continue taking warfarin as follows:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

☐ Take 5 mg of warfarin on

   Day 1 __________

☐ Continue taking warfarin as follows:

_________________________________________________________________

_________________________________________________________________

**Follow the instructions for taking your medicine carefully.** Use a calendar to help you remember to take your medicine. Call your doctor or member of your care team right away if you miss a dose.
**Blood Tests**

☐ Go to ________________________________ to get a protime blood test on:

Day 1 __________________ Day 3 _______________ Day 5 _______________

Continue getting protime tests as follows:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

It’s important to get your blood test when it’s due. If you can’t get your blood test on the day it’s due, call a member of your care team.

**Call your care team:**

☐ Call ________________________________ time_______ day/date______________

☐ Call ________________________________ time_______ day$date______________

☐ Call ________________________________ time_______ day/date______________

☐ Call ________________________________ time_______ day/date______________

**Your next appointments is:**

☐ With______________________________ time_______ day/date______________

☐ With______________________________ time_______ day/date______________

☐ With______________________________ time_______ day/date______________

☐ With______________________________ time_______ day/date______________

**Compression Stocking**

Your doctor has given you a prescription for a compression stocking or TED hose.

☐ Wear this stocking: _________ hours a day for _______________________________

☐ Remove your stocking when _______________________________

**Your care team:**

Doctor:_________________________ Phone

Nurse: _________________________ Phone

Pharmacist: _____________________ Phone

AMS: __________________________ Phone

Other: _________________________ Phone