

Your care plan for PE

| Enoxaparin | |
|--|----------------|
| \square 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: and and | |
| It's best to take your shot at the same time each day. If you're taking 2 shots a day, try to to 12 hours apart (for example at 8:00 in the morning and again at 8:00 at night.) | ake them about |
| | |
| Warfarin | |
| ☐ Take 10 mg of warfarin | |
| Day 1and Day 2 | |
| ☐ Continue taking warfarin as follows: | |
| | |
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| | |
| ☐ Take 5 mg of warfarin on | |
| Day 1 | |
| ☐ Continue taking warfarin as follows: | |
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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.

| 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: | Blood Tests | + | ro got a protima blood tost on | | |
|---|--|------|--------------------------------|--|--|
| Call your care team: Campression Stocking With time day/date | ☐ Go toto get a protime blood test on: | | | | |
| 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 | | | Day 5 | | |
| Call your care team: Call time day/date With time day/date Wour doctor has given you a prescription for a compression stocking or TED hose. Wear this stocking: hours a day for Remove your stocking when Wour care team: Doctor: Phone Phone Phone AMS: Phone | Continue getting protime tests as foll | OWS: | | | |
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| □ Call time day/date □ Vour next appointments is: □ With time day/date □ Wour day/date □ With time day/date □ Wour doctor has given you a prescription for a compression stocking or TED hose. □ Wear this stocking: hours a day for □ Remove your stocking when □ Phone Nurse: Phone Pharmacist: Phone AMS: Phone | | | | | |
| □ Call | Call your care team: | | | | |
| Calltimeday/date Calltimeday/date Your next appointments is: | □ Call | time | day/date | | |
| Your next appointments is: With | □ Call | time | day/date | | |
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| With | ☐ 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 | ☐ With | time | day/date | | |
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