Your care plan for PE

**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