**Angiomax (bivalirudin) Self Assessment**

(Please circle the best answer or fill in the blanks)

**Indications and usage**

* Angiomax **with** (take note…**with**) provisional glycoprotein (GP) 2b/3a inhibitor is indicated for use as an (**A**. anticoagulant **B**.antiplatelet) in patients undergoing PCI.
* Angiomax is intended for use with aspirin and has been studied only in patients receiving concomitant aspirin **(True or False)**
* Angiomax is a new-generationglycoprotein (GP) 2b/3a inhibitor **(T or F; Bonus: False).**

**Pharmacokinetics**

* Angiomax is a highly specific (**A.** antithrombotic **B**. antiplatelet) agent.
* **Directly** inhibits both circulating & clot-bound thrombin & its effects on platelets **(T or F).**
* Angiomax as a **direct thrombin inhibitor (DTI)** has a (**A.** rapid **B.** slow) onset of action
* **25 minute half-life** for patients with normal renal function **(True or False).**
* Half-life in patients with severe renal impairment increases from 25 to 57 minutes and to 3.5 hours in dialysis-dependent patients **(T or F; Bonus: True).**
* Linear, predictable response **(True or False).**

**Dosage and Administration (The .75 dosing rule)**

* The recommended dose of Angiomax is an intravenous (IV) bolus dose of \_\_\_\_\_mg/kg
* This should be followed by an infusion of \_\_\_\_\_mg/kg/h for the duration of the PCI procedure. Continuation of the infusion for up to \_\_\_\_\_hours postprocedure is

optional, at the discretion of the treating physician

* **Five minutes after the bolus dose** has been administered, (**A**. aPTT **B**. ACT) should be checked and an additional bolus of 0.3 mg/kg should be given if needed

**Instructions for Administration**

* Angiomax is intended for IV injection and infusion **after dilution** **(True or False).**
* To each 250-mg vial add 5 mL of Sterile Water for Injection, USP. Gently swirl until all material is dissolved.
* **Each** reconstituted **vial should be further diluted in 50 mL** of 5% Dextrose in Water or 0.9% Sodium Chloride for Injection to yield a **final concentration** of (**A**. 5mg/mL

**B**. 10mg/mL). For example, 1 vial in 50 mL; 2 vials in 100 mL; 5 vials in 250 mL)

* The dose to be administered is adjusted according to the **patient's weight** **(True or False).**

**Special population - Renally Impaired Patients**

* A slight reduction in the bolus dose is needed **(True or False).**
* If the creatinine clearance is less than 30 mL/minute, **reduction of the infusion rate to 1.0** mg/kg/h **should be considered** **(True or False)**
* If a patient is on hemodialysis, infusion should be reduced to 0.25 mg/kg/h **(T or F).**
* **ACT** should be monitored in **renally impaired** patients **(True or False).**

**Optional Low-Rate Post·PCl lnfusion**

* **After 4 hours of the initial infusion**, an additional infusion may be initiated at a rate of 0.2 mg/kg/h for up to 20 hours, if needed **(True or False).**
* If the **low-rate infusion is used** after the initial infusion, a **lower concentration bag** of (**A**. 1mg/ml **B**. 0.5 mg/ml) should be prepared.

**Switching Information**

* From **unfractionated heparin (UFH) to Angiomax**:

----------For patients started on UFH before PC I, wait until (**A.** 30 minutes **B**. 60 minutes) after the last dose of UFH before starting Angiomax for PCI.

* From **low-molecular-weight heparin (LMWH) to Angiomax:**

----------For patients started on LMWH before PCI, wait (**A.** 8 hours **B.** 12 hours) after the last LMWH dose before starting Angiomax for PCI.

**IV Line Incompatibilities**

* **Alteplase, amiodarone HCI**, *amphotericin B*, *chlorpromazine HCI, diazepam*, dobutamine HCI (at 12.5 mg/mL),\* prochlorperazine edisylate, **reteplase, streptokinase**, *vancomycin* HCI **(Bonus; True).**
* 'Dobutamine Hel at a concentration of up to 4 mg/mL was reported to be physically compatible with Angiomax; however, at a concentration of 12.5 mg/mL it was observed to be physically incompatible **(True or False).**

**Femoral sheath Removal**

* Angiomax levels **fall rather slowly** when Angiomax is discontinued **(True or False).**
* In most patients, **sheaths generally can be removed 2 hours after Angiomax discontinuation without** ACT monitoring, reducing accesssite complications **(T or F).**
* Sheath removal has *not* been studied in dialysis-dependent patients. Follow standard hospital protocol for this population.

**Safety Considerations**

* Angiomax is indicated in patients with active major bleeding or hypersensitivity to Angiomax or its components **(True or False)**
* The most common (>l0%) adverse events for Angiomax were back pain, pain, nausea, headache, and hypertension **(True or False)**
* An **unexplained fall in blood pressure or hematocrit**, or **any unexplained symptom**, should lead to serious consideration of a **hemorrhagic event** and cessation of Angiomax administration **(True or False)**

**Instructions: Please turn in your answers electronically to your NM and cc me, please. If you are taking the self-assessment using paper-and pencil, turn in your completed work in the envelope provided in the unit notebook/binder.**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**