Purpose. This medication use evaluation reviewed appropriate bivalirudin dosing, identified provider trends, and reported outcomes in a community hospital cardiac catheterization lab.

Methods. An IRB-approved, retrospective analysis of the records of all patients who received bivalirudin during a cardiac catheterization procedure between 2/24/18 and 8/24/18 was conducted. Data from documentation of the procedure was collected. The primary outcome was the rate of appropriate dosing of bivalirudin. Secondary outcomes included rate of adverse events (bleeding or ischemia), appropriate monitoring of ACT during the procedure, readmission rate within 30 days due to acute coronary syndrome (ACS) or bleeding, cost of bivalirudin use compared to heparin, and provider trends regarding amount of bivalirudin used, setting of use, duration of use, and concurrent glycoprotein IIb/IIIa inhibitor (GPI) use.

Results. A total of 50 patients were screened, 47 patients who received bivalirudin were included in the analysis. Of the 47 patients who received bivalirudin, 41 patients (87.2%) were given the appropriate dose while 6 patients (12.8%) received an inappropriate bivalirudin dose. There were no bleeding events during the procedure with bivalirudin use. Only 1 patient (2%) received ACT monitoring during the procedure.

Conclusions. In most patients, bivalirudin was administered appropriately in accordance with FDA labeling. Potential areas of improvement were identified to improve patient safety and decrease costs.