

Piedmont Stone Center Protocols

Non-Steroidal Anti-inflammatory Drugs (NSAIDs)

**Discontinue 48 hours prior to Lithotripsy**

A	D	I	N	S
Actiprofen	Daypro	Ibuprofen	Naxen	Salgesic
Actron	Diclofenac	IBU Tabs	NeoProfen	Salonpas
Advil	Dicloflex	Indameth	Novo-Difenac	Salsalate
Aleve	Difenac	Indocid	Novo-Naprox	Salsitab
Amigesic	Diflunisal	Indocin	Novo-Sundac	Sampson-8 Select
Anaflex	Dimetapp Sinus	Indomethiacin	Novomethacin	Sandoz Diclofenac
Anaprox	Disalcid	<b>K/L</b>	Novopirocam	Serophene
Anaprox DS	Doan's Pills	Ketoprofen	Novoprofen	Sine-Aid IB
Anodynos	Dolobid	Ketoprofen ER	Nu-Diclo	Solaraze
Ansaid	Dristan Sinus	<b><u>Ketorolac – Stop for 24 hours</u></b>	Nu-Ibuprofen	Sprix Nasal Spray
Apo-Dilo	Duexis	Lodine, Lodine XL	Nu-Indo	Sulindac
Apo-Ibuprofen	Durasol	<b>M</b>	Nu-Naprox	Synflex
Apo-Indomethiacin	Dyloject	Magan	Nuprin	Synflex DS
Apo-Keto	<b>E</b>	Mathritic	<b>O</b>	<b>T</b>
Apo-Meloxicam	ElixSure-IB	Meclofenamate	Orafen	Tab-profen
Apo-Nabumetone	Equaline All Day	Meclomen	Oruvail	Tolectin
Apo-Naproxen	Relief	Medipren	Orudis	Tolmetin
Apo-Napro-NA	Excedrine IB	Mefenamic Acid	Oxaprozin	Top Care All Day
Apo-Oxaprozin	Etodolac	Meloxicam	<b>P</b>	Relief
Apo-Piroxicam	<b>F</b>	Menadol	Pamprin	<b><u>Toradol – Stop for 24 hours</u></b>
Aposulin	Feldene	Midol	Pennsaid	Treximet
Arthrotec	Fenoprophen	Midol Extended Relief	Phenylbutazone	<b>V</b>
Azolid	Flector	Mobic	Pirocam	Valdecoxib
<b>B</b>	Flurbiprophen	Mobidol	Piroxicam	Vicoprofen
Butazolidin	Froben	Mobicox	PMS-Pirocam	Vimovo
<b>C</b>	<b>G</b>	Mono-Gesic	Ponstel	Voltaren
Caldolor	Gen-Meloxicam	Motrin IB	Profen	Voltaren Gel
Cambia	Gen-Nabumetone	Motrin	<b>R</b>	<b>W</b>
Cataflam	Gen-Naproxen	<b>N</b>	Rapide	Walprofen
Combunox	Gen-Piroxicam	Nabumetone	Relafen	Walproxen
Clinoril	Genpril	Nalfon	Reprexain	<b>X</b>
Clomiphene	Good Sense Pain Relief	Naprelan	Rhodus	<b>Z</b>
	<b>H</b>	Naprosyn	Rhovail	
	Haltran	Naprosyn EC	Rufen	Zipsor
		Naproxen	<b>S</b>	Zorvolex
			Salflex	

**Anticoagulant and Antiplatelet Lab Requirements**

*Consult with patient's cardiologist before stopping any of the medications below*

Arixtra (Fondaparinux)	Discontinue 3 days (72 hours) prior to treatment. Need/draw CBC, platelet labs. Check creatinine for patients 75 and older. Labs must be WNL.
Brilinta (Ticagrelor)	Discontinue for 5 days (120 hours) prior to treatment.
Coumadin (Warfarin, Warfilone)	Discontinue, treat when PT (prothrombin) or INR is normal. INR must be 1.4 or less. If patient is off Coumadin for 3 weeks, no labs necessary.
Desirudin (Iprivask)	Discontinue 1 day (24 hours) and check PTT. PTT should be normal.
Effient (Prasugrel)	Discontinue for 7 days (168 hours) prior to treatment. <b>Check with prescribing physician first!</b>
Eliquis (Apixiban)	Discontinue for 2 days (48 hours) prior to treatment. No labs required.
Elmiron	Discontinue for 3 days (72 hours) prior to treatment.
Fragmin (Dalteparin)	Discontinue 1 day (24 hours) prior to treatment.
Heparin	Draw PTT if last dose within 6 hours of treatment.
Innohep (Tinzaparin)	Discontinue 1 day (24 hours) prior to treatment.
Integrillin (Eptifibatide)	Discontinue 12 hours prior to treatment. This is an IV medication, consult with cardiologist regarding stopping the medication.
Jantoven (same as Coumadin)	Discontinue, treat when PT (prothrombin) or INR is normal. INR must be 1.4 or less. If patient is off Jantoven for 3 weeks, no labs necessary.
<b>Lovenox (Enoxaparin)</b>	<b>Discontinue for 24 hours prior to treatment.</b>
Persantine (Dipyridamole)	Discontinue for 3 days (72 hours) prior to treatment.
Plavix (Clopidogrel)	Discontinue for 5 days (120 hours) prior to treatment.
Pletol (Cilostazol)	Discontinue for 4 days (96 hours) prior to treatment.
Pradaxa	Discontinue for 5 days (120 hours) prior to treatment. If less than 5 days, draw PTT. PTT should be WNL.
Ticlid (Ticlopidine HCL)	Discontinue for 14 days (336 hours) prior to treatment. Need CBC, platelet labs 1-2 days prior to treatment.
Trental (Pentoxifylline)	Discontinue for 3 days (72 hours) prior to treatment.
Tyvaso (Trepstinil, Remodulin)	Discontinue for 2 days (24 hours) prior to treatment.
Vorapaxar (Zontivity)	<b>Check with physician first!</b>
Xarelto (Rivaroxaban)	Discontinue for 3 days (72 hours) prior to treatment. If less than 72 hours, need/draw PTT. PTT should be WNL.

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