

Mount Forest Family Health Team Medical Directive

Title: **Management of INR and dose adjustment in anticoagulated patients**

Number: **1**

Activation Date: **April 1 2007**

Review due by: **June 30 2007**

Contact Person(s)

(name, position, contact particulars):

Robin Brown Clinical Pharmacist , Vivian Henderson Nurse Clinician, Diane Horrigan Nurse Clinician, Candice Leitch Lab Technician

Delegated Procedure:

Appendix Attached: Yes No

Title: **Warfarin adjustment algorithm**

Lab Technician will be authorized to perform point of care INR capillary puncture and manipulation of blood sample in point of care device for determination of INR. Responsibility for delivery of INR result obtained, to Nurse Clinician for interpretation will be with Lab Technician. Nurse Clinician will be given responsibility for interpretation of INR result and determination of whether the INR result falls into predetermined parameters (see indications). If INR falls within acceptable parameters, Nurse Clinician will take responsibility to notify patient of result, document INR in EMR and discharge patient, with a date for next INR measurement. If Nurse Clinician determines that INR does not fall within acceptable parameter, Nurse Clinician will refer to Clinical Pharmacist for further evaluation. Clinical Pharmacist when presented with a patient whose INR does not fall within acceptable parameters will assess patient. If a dose adjustment is necessary Clinical Pharmacist will have the authority to adjust warfarin/nicoumalone, according to agreed upon warfarin adjustment algorithm (see appendix I). Pharmacist will attempt to utilize the medication that the patient has with them for adjustment of dose but if this is not possible pharmacist will have the authority to initiate a prescription to take to responsible physician for signature. Prescription will be given to the patient while still in the clinic and clear instructions will be given to patient on dose adjustment. A date for next INR measurement will be given to the patient.

It will be the responsibility of the Clinical Pharmacist to review all INRs at the end of the clinic day.

Recipient Patients:

Appendix Attached: Yes No

Title:

Included, are those patients currently receiving warfarin or nicoumalone for treatment of atrial fibrillation or venous thromboembolism or other medical conditions where long term use of anticoagulation is indicated. Patient must be ambulatory and able to attend predetermined INR clinic days. Future consideration may be given to patients in long term care facilities but currently that is not the intention of this medical directive. Patients, include those under the care of the physicians of Mount Forest Family Health Network including Dr. Ken Babey, Dr. Simon Goodall, Dr. Hugh Perrin, Dr. John Reaume, Dr. Chris Rowley

Authorized Implementers: Implementer Robin Brown having completed training in CoaguChek Point of Care device and having completed advanced training and certification in anticoagulant management Co implementers Vivian Henderson having completed training on CoaguChek Point of Care device Diane Horrigan, having completed training on CoaguChek Point of Care device Candice Leitch having completed training on CoaguChek Point of Care device as first line provider for point of care testing procedure	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Title: Implementer approval form
Indications: Nurse Clinician will interpret INR result as presented to them from Lab Technician. If target range for INR 2-3 and pt falls within 2.2-2.8 and this is consistent with previous readings, no action required. If target range for INR 2.5-3.5 and pt falls within 2.7-3.3 and this is consistent with previous readings no action required. If Nurse Clinician presented with INR result that does not fall within above parameters, the patient will be referred to Clinical Pharmacist for assessment. If patient falls outside of above parameters a clinical assessment of patient by pharmacist, will be necessary. Dose adjustment or other appropriate action are at the discretion of the Clinical Pharmacist . INR testing intervals will be at the discretion of Clinical Pharmacist. Contraindications: Patient or substitute decision maker has not given consent (see appendix III) Patients INR results fall grossly outside INR target range and thus patients family physician or attending physician will be consulted by Clinical Pharmacist . INR of < 1.5 or >5.5 will trigger a second INR reading, a consult with physician and an automatic INR assessment through hospital laboratory.	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Title: Consent to treatment form
Consent: Clinical Pharmacist will obtain consent from patient or substitute decision maker. The consent will be scanned into patients EMR (see appendix III)	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Title: Consent to treatment form

Guidelines for Implementing the Order / Procedure: Refer to policy and procedures for this act (see appendix IV)	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Title: Patient Care Policy and Procedure Manual
Documentation and Communication: Documentation of INR by Lab Technician will be in a patient specific INR log book, and will be presented to the nurse clinician. The Nurse Clinician will document patient's INR in the EMR any important findings in discussion with patient. All daily INRs will be reviewed at the end of the clinic day by the Clinical Pharmacist (see appendix V). If assessment by Clinical Pharmacist is necessary, finding and actions as well as directions to patient and any dose adjustments or new prescriptions will be recorded.	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Title: INR report log
Review and Quality Monitoring Guidelines: If any party to this directive identifies quality issues relating to patient care these issues should be directed to the Clinical Pharmacist. The Clinical Pharmacist must act upon these concerns immediately and seek a solution to these concerns. Where it has been determined that better training or qualification is necessary an action plan will be developed to ensure that this takes place. Follow up to ensure that the concern has been addressed will be the responsibility of the Clinical Pharmacist and proper follow up with the person(s) initiating the concern will take place. Action taken will be documented electronically or in hard copy and stored in procedure binder.	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Title: Quality Assurance Form
Administrative Approvals (as applicable): Approval from Executive Director of Mount Forest Family Health Team(See appendix VII)	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Title: Authorizer Approval Form
Approving Physician(s)/Authorizer(s): See authorizer approval form (see appendix VII)	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Title: Authorizer Approval Form