

Anticoagulation Program Procedure

The anticoagulation program is a service directed by a physician and staffed by a nurse practitioner with specific knowledge in anticoagulation therapy.



I. Purpose

- A. To manage oral anticoagulant therapy (Warfarin) by evaluating the prothrombin time (PT) and/or the International Normalized Ratio (INR) and instructing patients or family of appropriate dosage of Warfarin.
- B. To assess patients for possible complications related to anticoagulant therapy.
- C. To provide comprehensive and ongoing education to patients and/or family members about anticoagulant therapy with specific attention to signs and symptoms to report.

II. Procedure

A. Evaluation of patients

1. Initial evaluation of patients will occur after consult is called to the anticoagulation program by a physician.
2. Consults are preferably made prior to the inpatient's discharge so as to allow adequate time for chart review and patient education.
3. Patient chart will be reviewed, and the following information will be obtained for clinic chart:
 - a. past medical/surgical history
 - b. hospital course
 - c. medications
 - d. allergies
 - e. anticoagulation therapy received and date of initiation
 - f. primary physician
 - g. patient telephone number, address, and emergency contact
4. Patient will be seen by a member of the anticoagulation program (NP) who will review the following:
 - a. clinic procedure
 - b. comprehensive patient education according to guidelines established for patient education
5. Patients will sign anticoagulation program Patient Agreement Form which will outline their responsibilities as participants in the program.

B. Target PT/INR Range

1. Target PT/INR ranges will be determined by the provider according to individual patient indication and need. Changes in these therapeutic ranges will be made as indicated by the provider.

C. Expected duration of therapy

1. Expected length of anticoagulant therapy will be determined by the provider and will be made on an individual basis, depending on indication. When therapy has reached the expected discontinuation date, the provider will evaluate the need for the

continuation of Warfarin and the decision will be documented in the patient's chart.

D. Frequency of PT/INR testing*

2. When anticoagulation therapy has been initiated or when a patient has been recently discharged after hospitalization, the PT/INR will be checked one or two times weekly until stable.
3. When the PT/INR and dose of Warfarin remain stable for two testing days, the PT/INR will be checked weekly.
4. When the PT/INR and dose of Warfarin remain stable for two weeks, the PT/INR will be checked every two weeks.
5. When the PT/INR and dose of Warfarin remain stable for four weeks, the PT/INR will be checked in one month.
6. All patients must have their PT/INR checked at least monthly.
7. After a change in dose is made, all patients are required to have their PT/INR checked at least weekly until stable.

**Note:* These are only general monitoring guidelines applied to patients. Frequency of PT/INR will depend on individual patient condition and overall treatment plan.

III. Eligibility Criteria

- A. Patients must be able to attend clinic appointments.
- B. If patients are not able to meet this requirement, the final decision to accept the patient will be made by the Chief Medical Officer. The patient will be classified as a "phone patient."
- C. Patients must agree to come in for appropriate comprehensive follow-up visits with a provider.
- D. The patients or family members should have the capacity to understand the patient's condition and implications of anticoagulant therapy.
- E. Patients must be willing to be active participants in their health maintenance.
- F. Patients must be able to travel to and from clinic appointments.
- G. Patients must be accessible by telephone.
- H. Patients must have a documented need for anticoagulant therapy.

IV. Clinic Visits

A. Clinic hours:

Mon—Friday; 8:00 a.m. to 4:00 p.m.

- B. Clinic visits are by appointment or walk-in. If patients are unable to keep an appointment, they are to notify the office and reschedule.

- C. Patients will have PT/INR checked by fingerstick with the Coagucheck XS System.
 - D. Patients will then be seen by the nurse and the following will be assessed:
 1. signs/symptoms of bleeding episodes (gingival bleeding, epistaxis, ecchymoses, hematuria, melena, blood per rectum, etc.)
 2. signs/symptoms of thrombotic event (shortness of breath, pains/swelling of extremity, numbness, tingling, headache, etc.)
 3. significant changes in diet
 4. any changes in concomitant drug therapy (including over-the-counter medications and intermittent antibiotic therapy)
 5. compliance with anticoagulant therapy
 6. signs/symptoms of intolerance of drug (nausea/vomiting/diarrhea, rash, skin necrosis, etc.)
 - E. Based on these assessments and the PT/INR, dosage changes in anticoagulant therapy will be made if necessary and patients will be counseled on these changes.
 - F. Dosage changes are to be supervised by the clinic provider.
 - G. Patient education will be reinforced.
 - H. Patients will be instructed on when to return for clinic appointments
 - I. Patients will be referred to the provider on site for any of the following:
 1. signs/symptoms of thrombosis
 2. signs/symptoms of serious bleeding episodes
 3. significant adverse drug reactions
 4. significantly subtherapeutic or elevated PT
 5. any other acute problem related to unrelated to anticoagulant therapy
 - J. Prescription for anticoagulant therapy may be renewed by telephone by the MA or Nurse, with documentation in the patient's chart, which is to be signed by the provider.
- V. Phone Patients
- A. Clinic hours:
Mon—Friday; 8:00 a.m. to 4:00 p.m.
 - B. Patients who are unable to attend clinic because of immobility, proximity, or patient condition may have their PT/INR drawn by a laboratory and classified as phone patients.
 - C. Phone patients are accepted into the program only at the discretion and approval of the Chief Medical Officer.
 - D. Patients must have access to transportation in the case of suspected anticoagulation complications that might require medical attention.
- E. Anticoagulation clinical personnel will make arrangements for blood draws for the homebound patient. Patients who are not homebound may have their blood drawn at a local hospital or laboratory in their area.
 - F. A clinic chart will be kept on these patients as well as a PT laboratory check file. The file will include the patient's name, telephone number, name of laboratory, laboratory telephone number, and date that next PT is to be drawn. This card will be filed under the date of the month that the blood is to be drawn plus one day. This allows the laboratory one working day to process the blood. The PT laboratory check file will be reviewed daily.
 - G. Anticoagulation members will obtain results from the laboratory used by the patient.
 - H. The patient will then receive instructions by telephone from the nurse or pharmacist during clinic hours.
 - I. Patients will be interviewed for complications.
 - J. Patients will be required to call the office for instructions if they do not receive a telephone call within 48 hours after a blood test.
 - K. Patients are still required to be followed by their primary physician. If a patient is to take a three- to six- month course of therapy, the patient is to see his or her physician in the middle of the therapy and at the completion of the therapy. If the patient is on long-term therapy, he or she is to see the primary care physician every six months.
- VI. Documentation
- A. Anticoagulation therapy will be documented on the monitoring flowsheet.
 - B. Assessments of patients during clinic visits will be documented in the progress notes.
 - C. Prescription renewals and scheduled laboratory draws will be documented.
 - D. Letters will be forwarded to the primary physician if requested, stating the PT, ratio, INR, and dosage change.
- These procedures were developed and mutually agreed upon by the following:
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| CEO of Ampla Health | Date |
| Chief Medical Officer | Date |
| Director of Clinical Services | Date |