



Simplified Warfarin Management – How to Improve your outcomes and efficiency with MOIS

Rob Pammett – BSP, MSc

Colleen Booth – RN, NP (F)

Conflict of Interest Disclosure

Rob Pammett – Receives a salary from Northern Health

Colleen Booth – Receives a salary from Northern Health

Have no real or apparent conflicts of interest to report in relation to this presentation.

Outline



- Review warfarin management in
 - VTE
 - Afib
 - Valvular heart disease/Prosthetic heart valves
- How to initiate warfarin
- Dose adjusting warfarin
- Management of Drug interactions
- Management of high INRs
- MOIS Templates for INR management
 - Build in algorithm for dose adjustment
- Communicating/documenting INR results

Warfarin for VTE



- Venous thrombus – the pathological form of venostasis
 - Becomes life threatening when an embolus occurs and travels to organs (ie lungs)
 - Need to treat with rapid acting anti-thrombotic medication
 - Heparin/LMWH therapeutic dose + warfarin starting Day 1
 - » Minimum overlap of 5 days with Heparin/LMWH + INR in range for 2 consecutive days before stopping heparin

Warfarin for VTE



- Venous thrombus – the pathological form of venostasis
 - Becomes life threatening when an embolus occurs and travels to organs (ie lungs)
 - Need to treat with rapid acting anti-thrombotic medication
 - DOACs
 - » Rivaroxaban/apixaban = as rapid onset as heparin
 - No Heparin/LMWH overlap necessary
 - » Edoxaban/dabigatran
 - Treat with Heparin/LMWH x 5 days then start

Warfarin for VTE



- Duration of therapy
 1. Provoked
 - Reversible major risk factor (ie surgery, immobility, HRT, etc)?
 - 3 months
 2. Irreversible/continuing risk factor (ie malignancy, medications)?
 - Indefinitely
 3. Unprovoked
 - At least 3 months
 - Recurrence rate as high as 10% per year after stopping anticoagulant
 - » Need to reassess risks/benefits of continuing anticoag

Warfarin for VTE



- Target INRs
 - 2.5 (range of 2.0 to 3.0)
 - Reduces the risk of recurrent VTE by 90%
 - Always enter the target into the CARE PLAN
 - Quantitative Goal



Goals							BLUE PINE PH
New Record	Delete Record	Save	Undo	Refresh	Attachment		
FIRST: BLUE PINE	MIDDLE:	LAST: PHCC	DoB:	Active ENC#: NI			
Search For: <input type="text"/>							
	Start	End	Goal	Phase	Quantitative Goal	Com Lev	
>	2019.05.14		INR BETWEEN 2 AND 3		<input checked="" type="checkbox"/>		

Risk Stratification in AFib



- CHADS₂
 - CHF – 1
 - Hypertension – 1
 - Age \geq 75 – 1
 - Diabetes mellitus – 1 point
 - Stroke/TIA – 2 points
- CHA₂DS₂ – VASc
 - CHF – 1
 - Hypertension – 1
 - Age \geq 75 – 2
 - Diabetes mellitus – 1
 - Stroke/TIA – 2
 - Vascular Disease - 1
 - Age 65-74 – 1
 - Sex Category (female) - 1

Estimated risk



CHADS ₂ score	Annual risk of stroke
0	2%
1	3%
2	4%
3	6%
4	8.5%
5	12.5%
6	18%

Gage BF. JAMA 2001;285 (22):2664-70

CHA ₂ DS ₂ -VASc	Annual risk of stroke
0	0.8%
1	2%
2	37%
3	5.9
4	9.3%
5	15%
6	20%
7	21.5%
8	22%
9	24%



- SPARCtool.com

SPARC - Stroke Prevention in Atrial Fibrillation Risk Tool

for estimating risk of stroke and benefits & risks of antithrombotic therapy in patients with chronic atrial fibrillation

Developed by Peter Loewen, ACPR, Pharm.D., FCSHP

peter.loewen@ubc.ca

SPARC - Stroke Prevention in Atrial Fibrillation Risk Tool

for estimating risk of stroke and benefits & risks of antithrombotic therapy in patients with chronic atrial fibrillation

Developed by Peter Loewen, ACPR, Pharm.D., FCSHP

peter.loewen@ubc.ca

[references/notes](#)

version 9, May 2019



DISCLAIMER: this tool may be used unaltered for learning purposes and the author assumes no responsibility whatsoever for any decisions or harms to anyone resulting from its use. The author makes no representations, conditions or warranties, either express or implied, regarding this tool.

Patient:

Date: Tuesday, May 07, 2019

In your patient with atrial fibrillation, which of the following stroke or bleeding risk factors are present?

Stroke Risk (CHA2DS2-VASc)

Reset

	Age	<input checked="" type="radio"/> <65	<input type="radio"/> 65-74	<input type="radio"/> 75+	
TIA or stroke (at any time in the past)	<input type="checkbox"/>	CHF/LV dysfunction (diagnosed at any time in the past)		<input type="checkbox"/>	
Prior MI, peripheral artery disease, or aortic plaque	<input type="checkbox"/>	Hypertension (controlled or uncontrolled)		<input type="checkbox"/>	
Female	<input type="checkbox"/>	Diabetes Type I or II (controlled or uncontrolled)		<input type="checkbox"/>	

CHA2DS2-VASc SCORE (0-9): 0

Major Bleeding Risk (HAS-BLED)

Abnormal renal function (dialysis, SCr>200 mcml/L, or transplant)	<input type="checkbox"/>	History of labile INR (time in therapeutic range <60%)	<input type="checkbox"/>
Hypertension (SBP>160mmHg)	<input type="checkbox"/>	Current use of alcohol (>8 drinks per week)	<input type="checkbox"/>
Abnormal liver function (cirrhosis or liver enzymes >3x ULN)	<input type="checkbox"/>	Currently taking antiplatelet drug or NSAID	<input type="checkbox"/>
History of major bleeding (any cause)	<input type="checkbox"/>	HAS-BLED SCORE (0-9): 0	

In your patient with atrial fibrillation, which of the following stroke or bleeding risk factors are present?

Stroke Risk (CHA2DS2-VASc)

Reset

Age	<input type="radio"/> <65	<input checked="" type="radio"/> 65-74	<input type="radio"/> 75+
TIA or stroke (at any time in the past)	<input type="checkbox"/>	CHF/LV dysfunction (diagnosed at any time in the past)	<input type="checkbox"/>
Prior MI, peripheral artery disease, or aortic plaque	<input type="checkbox"/>	Hypertension (controlled or uncontrolled)	<input checked="" type="checkbox"/>
Female	<input checked="" type="checkbox"/>	Diabetes Type I or II (controlled or uncontrolled)	<input checked="" type="checkbox"/>

CHA2DS2-VASc SCORE (0-9): 4

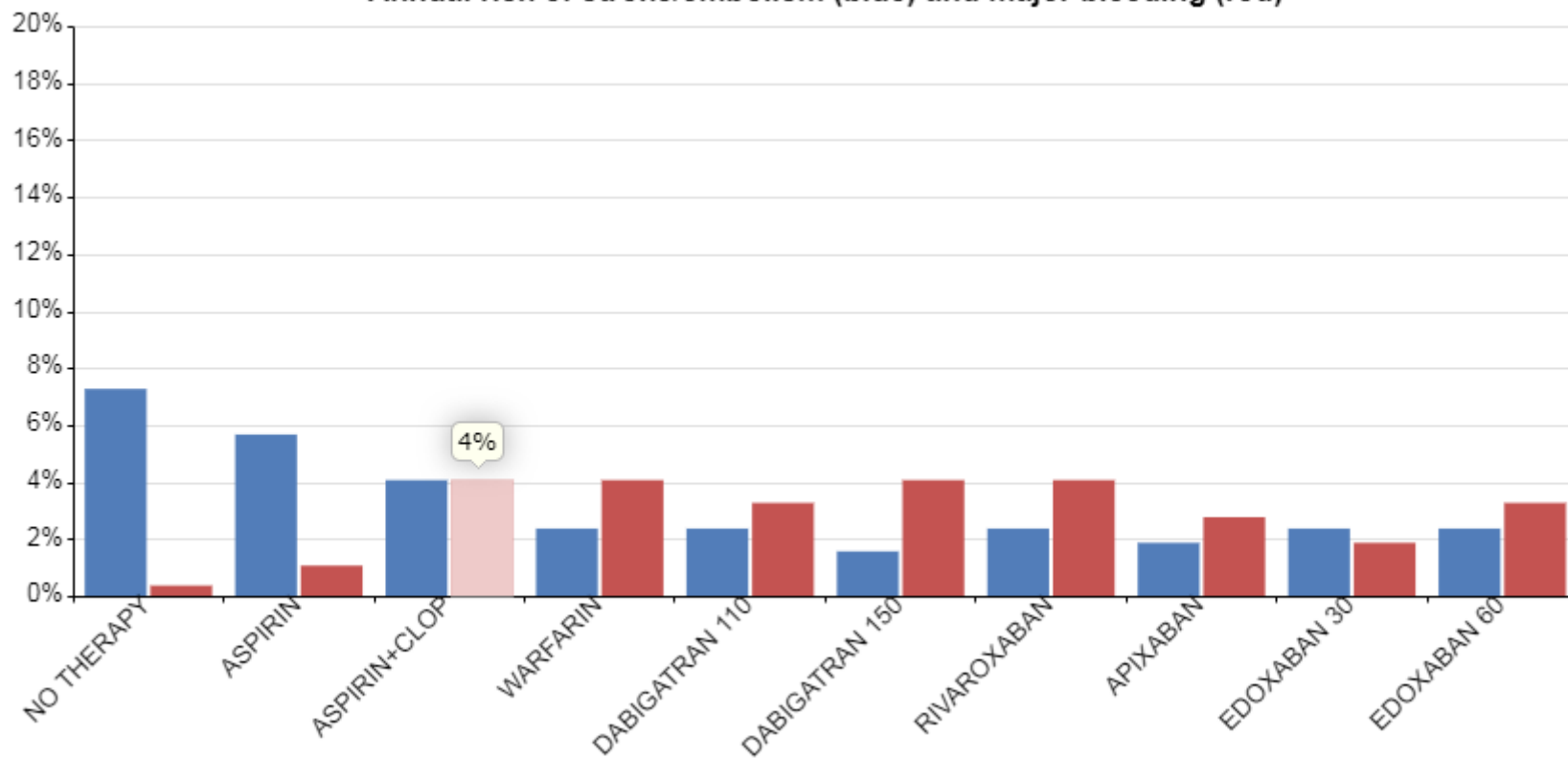
Major Bleeding Risk (HAS-BLED)

Abnormal renal function (dialysis, SCr>200 mcmmol/L, or transplant)	<input type="checkbox"/>	History of labile INR (time in therapeutic range <60%)	<input type="checkbox"/>
Hypertension (SBP>160mmHg)	<input type="checkbox"/>	Current use of alcohol (>8 drinks per week)	<input checked="" type="checkbox"/>
Abnormal liver function (cirrhosis or liver enzymes >3x ULN)	<input type="checkbox"/>	Currently taking antiplatelet drug or NSAID	<input type="checkbox"/>
History of major bleeding (any cause)	<input type="checkbox"/>	HAS-BLED SCORE (0-9):	2

PERCENT PER YEAR

	annual risk of stroke/embolism	annual risk of major bleeding (intracranial bleeding, bleeding requiring hospitalization, HgB decrease of > 20 g/L, or need for transfusion secondary to bleeding)
NO THERAPY	7.3%	0.4%
ASPIRIN	5.7%	1.1%
ASPIRIN+CLOP	4.1%	4.1%
WARFARIN	2.4%	4.1%
DABIGATRAN 110	2.4%	3.3%
DABIGATRAN 150	1.6%	4.1%
RIVAROXABAN	2.4%	4.1%
APIXABAN	1.9%	2.8%
EDOXABAN 30	2.4%	1.9%
EDOXABAN 60	2.4%	3.3%

Annual risk of stroke/embolism (blue) and major bleeding (red)



Warfarin in AFib



- INR Target
 - 2.5 (range of 2.0 to 3.0)
 - Reduces risk of stroke by ~65%
 - Annual risk for major bleeding with warfarin is ~3-4%
 - Age
 - Uncontrolled hypertension
 - History of MI/IHD/CVD
 - Anemia
 - Bleeding
 - Use of other drugs (antiplatelets, NSAIDs, Alcohol)
 - Liver/renal dysfunction

– HAS-BLED score useful

- Not superior to clinical assessment of risk

	annual risk of stroke/embolism	(intracranial bleeding, bleeding requiring hospitalization, HgB decrease of > 20 g/L, or need for transfusion secondary to bleeding)
NO THERAPY	7.3%	0.4%
ASPIRIN	5.7%	1.1%
ASPIRIN+CLOP	4.1%	4.1%
WARFARIN	2.4%	4.1%
DABIGATRAN 110	2.4%	3.3%
DABIGATRAN 150	1.6%	4.1%
RIVAROXABAN	2.4%	4.1%
APIXABAN	1.9%	2.8%
EDOXABAN 30	2.4%	1.9%
EDOXABAN 60	2.4%	3.3%

Warfarin with valves



- Two concerns with valves
 - Valve thrombosis
 - Impairs the functioning of the valve itself
 - Thromboembolism
 - Stroke

Warfarin with valves



- Thrombus risk related to the type of valve
 - Caged ball > tilting disc > bileaflet > tissue
- Thrombus risk related to placement of valve
 - Mitral > aortic
- Thrombus risk related to patient factors
 - Afib
 - Prior thromboembolic event
 - Dilated left atrium
 - Poor LV function

Warfarin with valves



- Mechanical mitral valve
 - Target INR of 3.0 (range 2.5 to 3.5)
- Mechanical aortic valve
 - Target INR of 2.5 (range 2.0 to 3.0)
 - May consider a higher target if there are additional risk factors present
 - Work with the surgeon to determine individualized target
- Bioprosthetic valve
 - Target INR 2.5 (Range of 2.0 to 3.0)
 - Treat for 3 months, then typically ASA 81mg daily is sufficient after that (endothelialization complete)

Initiation of Warfarin



- Considerations
 - Huge amount of interpatient variability
 - Highest risk of adverse events with warfarin is within the first 30 days
 - Choosing a starting dose

Initiation of warfarin



- Indication
 - How quick do we need to anticoagulate them?
- Setting
 - Inpatient vs. Outpatient
 - Ability to monitor INR
- Patient Factors
 - Age

Age	Mean Warfarin Dose
< 50 years	6.4mg
50 to 59 years	5.1mg
60 to 69 years	4.2mg
> 70 years	3.6mg

Initiation of warfarin



All Sites and Facilities

Venous Thromboembolism Treatment with Dalteparin

Page 2 of 2 PATIENT LABEL

Initiation dose of warfarin is usually 5 to 10 mg. Dose is based on patient's weight, current interacting medications, previous warfarin dose if previously received and overall health of the patient. Warfarin is usually started on Day 1 of heparin therapy.

This nomogram is for reference only. Its use is not required.

Day of Therapy	INR	Warfarin Dose (mg)	Warfarin Dose (mg)
Day 1	Less than 1.3	5 to 10	
	1.3 to 1.5	2.5 to 7.5	
	1.51 to 1.7	1.25 to 2.5	
	Greater than 1.7	0 to 1.25	
Day 2	Less than 1.3	5 to 10	
	1.3 to 1.5	2.5 to 7.5	
	1.51 to 1.7	1.25 to 2.5	
	Greater than 1.7	0 to 1.25	
Day 3	Less than 1.3	7.5 to 12.5	
	1.3 to 1.6	5 to 10	
	1.61 to 2	2.5 to 5	
	2.41 to 2.7	2.5 to 1.25	
Day 4+	Less than 1.3	Increase dose by 30 to 40%	
	1.3 to 1.5	Increase dose by 10 to 30%	
	1.6 to 1.9	Increase dose by 5 to 20%	
	2 to 3	Increase or decrease dose by 0 to 20%	
	3.1 to 3.4	Decrease dose by 5 to 20%	
	3.5 to 4	Hold one dose then give decrease dose by 20 to 40%	
	4.1 to 4.9	Hold one dose then give 25% of previous dose x 1 day then reduce to 5 to 25% of original dose	
	Greater than 5	Hold two doses. Assess cause of increase. Assess bleeding status and risk. Consider decrease in dose by 40 to 60%	

Initiation of warfarin



Day	INR value @ 10am	Warfarin dose @ 6pm
0	Baseline INR	4
1	Do not measure	4
2	Do not measure	4
		PREDICTED MAINTENANCE DOSE
3	<1.3	5
	1.3 ≤ INR < 1.5	4
	1.5 ≤ INR < 1.7	3
	1.7 ≤ INR < 1.9	2
	1.9 ≤ INR < 2.5	1
	≥ 2.5	Measure INR daily and omit doses until INR < 2.5, then give 1mg

Maintenance for Warfarin



- 2x weekly INR for first 1-4 weeks
- Gradually increase the length of time between INR when at target (2 consecutive readings)
 - q1w, q2w, q3w etc....
- Longest interval between INR should generally be 4weeks
 - 6 weeks at the end of the spectrum
 - At least 1 study looking at q12w INR in outpatients

Warfarin Dose Adjustments



- Why is it out of range?
 - Non-adherence (miss a dose, extra dose?)
 - Change in medications
 - Acute illness/stress
 - Dietary changes
 - Lifestyle changes
 - Alcohol, exercise, travel, etc
 - Inaccurate INR?

Warfarin Dose Adjustments



- Risk of Thromboembolism
 - Based on the indication

Indication	Control rate of TE	Risk reduction with warfarin
Acute VTE		
0-1 month	40% per month	80%
1-3 months	10% per 2 months	80%
Recurrent VTE	15% per year	90%
NVAF	4.5% per year	66%
NVAF with prior TE	12% per year	66%
Mechanical heart valve	8% per year	75%

Warfarin Dose Adjustments



- Bleed risk
 - Using a tool or clinical judgement of risk factors

Warfarin Dose Adjustments



- How far is INR out of range?
 - Most* patients don't need a dose adjustment if it is an isolated INR less than 0.5 units outside of target range
 - Repeat in 1-2 weeks
 - Your threshold may be more narrow
 - 0.2 or 0.3 units outside of target

*Does not apply to those at the highest risk of event (acute DVT/PE or prior stroke)

Warfarin Dose Adjustments



- Options
 - No changes (as previous)
 - One time dose adjustment, then resume maintenance dose
 - Useful if you can identify a cause (EtOH, greens, etc)
 - Change maintenance dose
 - 5-10% of weekly if out of range by 0.5 units
 - 10-20% change if out of range by >0.5 units
- Changes made to the dosing regimen will have their full effect 7-10 days later!

BC Guidelines



Table 3. Dosage adjustments for patients on warfarin maintenance therapy (Target INR 2.0 – 3.0 or 2.5 or 3.5, No significant bleeding)

INR	Intervention – Refer to Figure 1 for timing of next INR
< 1.5	Give one time top-up equal to 20% of weekly dose and increase weekly dose by 10 – 20%.
1.5 < INR < therapeutic range	No change in dose. If two consecutive INRs are low, increase weekly dose by 10 – 20%.
INR in therapeutic range	No change.
INR > therapeutic range but < 5.0	Lower weekly dose (10 – 20%) or consider omitting one single dose. Increase the frequency of INR monitoring and resume therapy at 10 – 20% lower weekly dose when INR therapeutic. Note: If the INR is only minimally elevated (0.1 – 0.4 above upper limit of the therapeutic range), dose reduction may not be necessary. ²⁵
INR 5.0 – 9.0*	Omit 1-2 doses then recheck INR. Increase the frequency of INR monitoring and resume therapy at 10 – 20% lower weekly dose when INR therapeutic. If the patient is at high risk of serious bleeding, consider administering vitamin K** 1 – 2 mg orally.
> 9.0 no bleeding	Discontinue warfarin temporarily, consider administering vitamin K 2 – 5 mg orally then recheck INR. ^{***} Increase the frequency of INR monitoring and resume therapy at 20% lower weekly dose when INR therapeutic. Give additional vitamin K if INR is not substantially reduced by 24 hours. ^{***}

Warfarin Drug Interactions



Drug	Effect
Fluconazole	↑ INR
Sulfamethoxazole/Trimethoprim	↑ INR
Amiodarone	↑ INR - ~90 day offset
Acetaminophen (>1.3g daily)	↑ INR
Phenytoin	↓ INR
Carbamazepine	↓ INR 14-40 day onset/offset
Clarithromycin/Erythromycin	↑ INR
Fluoroquinolones	↑ INR
Rifampin	↓ INR
HIV medications	variable
Levothyroxine	↑ INR
Metronidazole	↑ INR

Warfarin Drug Interactions



- Standardized approach
 - Good for you and for your patients
 - Reminds us all that this is serious, and is not to be taken lightly
 - Recheck INR in a week for all drug changes
 - Make this your standardized approach
 - Adjust as previous

- How to Simplify...



- Using a standardized approach is beneficial
 - Patient is getting the same direction/message from all providers
 - Evidence based algorithms
 - Improve Time in Therapeutic Range
 - Reduce the risk of negative events
 - Take the “guesswork” out of management



- Harnessing the power of MOIS to simplify your management

Workspace

- Workspace Summary
- Basket
 - Measures
 - Imaging
 - Consults
 - Procedures
 - Documents
 - Facility Admissions
 - Progress Note
 - Orders
 - Task List
 - Inbox
 - Sent Tasks
- Message Board
 - Inbox
 - Sent Messages
- My Settings
 - Workspace
 - Favourite Medications

- Patient Chart**
- Workspace**
- Scheduler
- Billing
- Administration
- Data Exchange
- Reports

Acknowledge - Measures Blended Workspace Including You

Refresh Change W/S Open Chart Create Task Create Message Reassign Items Copy Items Print Close Window

Search For: INR Showing Records: Not Checked Since:

A	T	Patient	Age	Collected	Test Name	Value	Units	Flag	Status	IR	Assignee	Check
0	A	[REDACTED]	72	19.05.13	INR PPP	1.6		A	F	D	BPP	<input type="checkbox"/>

Report Detail

Test Name: INR PPP Order Date: 2019.05.13 Order #: ...

Value: 1.6 Flag: A Ordered By: [REDACTED]

Ref. Ranges: 0.8 to 1.2 Status: F Copies To: [REDACTED]

Report: Therapeutic INR range may vary based on patient's condition. Please consult with Specialist/Healthcare Provider for the appropriate therapeutic range.

Comments:

Acknowledgements

BLUE PINE PHCC

Initials: BPP IR: D

Source: EXC Sent Date: 2019.05.14 6301-6 - INR SIGNED

Created: 2019.05.14 08:16 INTERFACE Last Modified: Notification Service Ignore ENC# EMPTY

Workflow Summary

Messages:	0
Tasks:	0
Acknowledgements:	1

[View Detail...](#)



MOIS - BLUE PINE PHCC-C3001

Record Modules Views Action Utilities Print Maintenance Help Desktop For: PAMMETT, ROBERT

Workspace

- Workspace Summary
- Basket
 - Measures
 - Imaging
 - Consults
 - Procedures
 - Documents
 - Facility Admissions
 - Progress Note
 - Orders
- Task List
 - Inbox
 - Sent Tasks
- Message Board
 - Inbox
 - Sent Messages
- My Settings
 - Workspace
 - Favourite Medications

Acknowledge - Measures

Refresh Change W/S Open Chart Create Task Create Message Reassign Items Copy Items Print Close Window

Search For: INR Showing Records: Not Checked Since:

RA	T	Patient	Age	Collected	Test Name	Value	Units	Flag	Status	IR	Assignee	Check	
>	0	A	72	19.05.13	INR PPP	1.6		A	F	D	BPP	<input type="checkbox"/>	-

- Create Task
- Create Message
- Create Reminder
- Create Recall
- View Recalls
- Attachments
- Workflow Summary
- Show History
- Open Chart



Value

Date

Comments

Related Measurements (Including Selected)

Collected	Value	Test Name	Comment	
2018.06.12	2.0	INR PPP		Add to Comment
2018.06.12	2.0	INR PPP		Add to Comment
2018.06.08	2.1	INR PPP		Add to Comment
2018.06.08	2.1	INR PPP	continue 7mg repeat June 12 before appointment with [REDACTED]	Add to Comment
2018.06.05	2.8	INR PPP	COntinue 7 mg repeat June 08	Add to Comment
2018.05.31	3.2	INR PPP	INR 3.2 Warfarin 8 mg PO Daily Advised [REDACTED] to go down to 7 mg PO Daily, re-check Tuesday	Add to Comment
2018.05.28	2.9	INR PPP		Add to Comment
2018.05.25	1.8	INR PPP	INR 1.8 Call to [REDACTED] he repeated another INR today. Will await new result before titrating	Add to Comment
2018.05.23	1.8	INR PPP	INR 1.8 Call to [REDACTED] he missed Monday's dose Took Warfarin yesterday and will take today's dose today soon Carry on with 7 mg PO Daily Repeat INR Friday and will have a colleague check-in	Add to Comment
2018.05.19	2.9	INR PPP	INR 2.9	Add to Comment

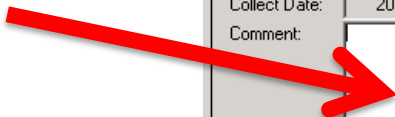
Measure History

FIRST: █████ MIDDLE: █████ LAST: █████ DoB: █████ M
 PHN: BC █████ Home: 250.564.8092 Work: Cell: █████

Selected Item Detail					Goal(s)		
Description:	INR PPP	Value:	2.4	Goal	Start	End	
MOIS Code:	31971	LOINC:	6301-6	Reference Range:	0.9	to 1.2	
Collect Date:	2019.05.07 13:15	Status:	F	Flag:	H		
Comment:	<div style="border: 1px solid gray; height: 40px; width: 100%;"></div>						

Related Measurements (Including Selected)

Collected	Value	Test Name	Comment	
2018.06.12	2.0	INR PPP		Add to Comment
2018.06.12	2.0	INR PPP		Add to Comment
2018.06.08	2.1	INR PPP		Add to Comment
2018.06.08	2.1	INR PPP	continue 7mg repeat June 12 before appointment with █████	Add to Comment
2018.06.05	2.8	INR PPP	Continue 7 mg repeat June 08	Add to Comment
2018.05.31	3.2	INR PPP	INR 3.2 Warfarin 8 mg PO Daily Advised █████ to go down to 7 mg PO Daily, re-check Tuesday	Add to Comment
2018.05.28	2.9	INR PPP		Add to Comment
2018.05.25	1.8	INR PPP	INR 1.8 Call to █████ he repeated another INR today. Will await new result before titrating	Add to Comment
2018.05.23	1.8	INR PPP	INR 1.8 Call to █████ he missed Monday's dose Took Warfarin yesterday and will take today's dose today soon Carry on with 7 mg PO Daily Repeat INR Friday and will have a colleague check-in	Add to Comment
2018.05.19	2.9	INR PPP	INR 2.9	Add to Comment

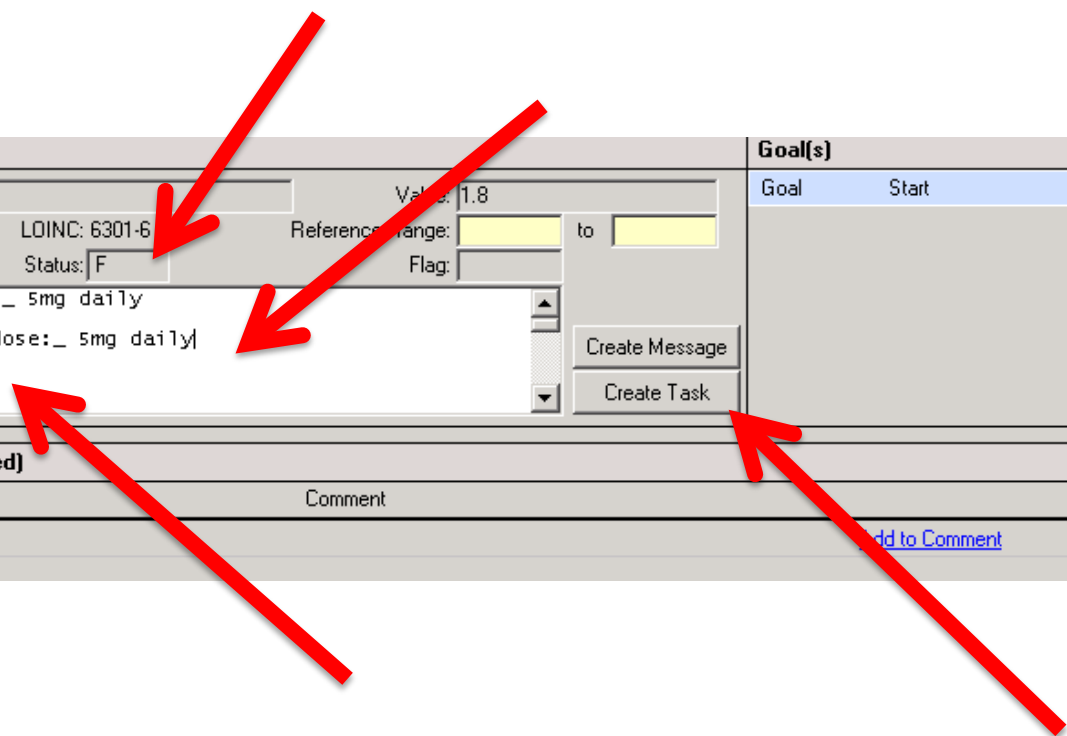




Text Lookup Service		
Text and Label List		
<input type="text"/>	<input type="text" value="INR"/>	<input type="text"/>
Author	Name	Description
> rpammett	INR ORDER	



Selected Item Detail				Goal(s)		
Description:	INR PPP	Value:	1.8	Goal	Start	End
MOIS Code:	31971	LDINC: 6301-6	Reference range:			
Collect Date:	2019.05.14 13:26	Status: F	Flag:			
Comment:	Current warfarin dose: _ 5mg daily New ordered warfarin dose: _ 5mg daily Next INR in: _ 1 week			Create Message Create Task		
Related Measurements (Including Selected)						
Collected	Value	Test Name	Comment			
2019.05.14	1.8	INR PPP				Add to Comment



Create New Task _ □ ×

Task Information Create Task Set...

Assign To: **AND / OR** User Group:

Priority: Low High Medium V. High Due Date:

Task:

Group:

Detail:

Test Name: INR PPP
Value: 1.8
Date Collected: May 14 2019
Comment: Current warfarin dose: _ 5mg daily

New ordered warfarin dose: _ 5mg daily

Next INR in: _ 1 week

UHNBC Algorithm for warfarin dose adjustment:

Chart: Linked to: Measurement - record id: 10756404

Creating your own template



- Administration Tab
 - Text Labels
 - New Record
 - Create and save your template

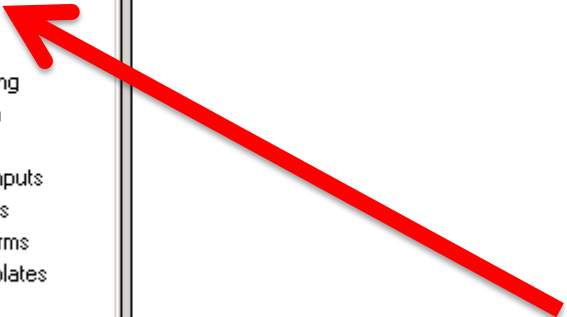
- Administration
 - Clinic Management
 - Global Reminders
 - Clinic Favourite Meds
 - Immunization Inventory
 - Prompt / Selection List Mgt
 - Prompt Lists
 - Selection Lists
 - Auto-Update Utilities
 - Text / Labels
 - Snippet
 - Designer Section
 - Concept Mapping
 - Encounter Form
 - Flowsheet
 - Measurement Inputs
 - Letter Templates
 - Paper (PDF) Forms
 - Care Plan Templates
 - Configuration
 - Field Audit Setup
 - System Settings
 - Chart Summaries
 - Password Policy

Text / Label List

New Record Delete Record Save Undo Refresh Print Label Close Window

INR

Author	Name	Description
> rpammett	INR ORDER	





Text / Label List						
New Record	Delete Record	Save	Undo	Refresh	Print Label	Close Window
RP						
Author	Name	Description				
rpannett	INR ORDER (DOSE ADJUSTMENT)					
> rpannett	INR ORDER (NO CHANGES)					
rpannett	INSULIN SLIDING SCALE HIGH DOSE	INSULIN SLIDING SCALE HIGH DOSE (LOW SENSITIVITY)				
rpannett	INSULIN SLIDING SCALE LOW DOSE	INSULIN SLIDING SCALE LOW DOSE (HIGH SENSITIVITY)				
rpannett	INSULIN SLIDING SCALE MEDIUM DOS	INSULIN SLIDING SCALE MEDIUM DOSE (MEDIUM SENSITIVITY)				
rpannett	INTAKE BPMH					
rpannett	MED ASSESSMENT TEMPLATE	MEDICATION ASSESSMENT TEMPLATE				
rpannett	OPIOID PRESCRIBING DATE TEMPLATE	OPIOID & CONTROLLED SUBSTANCE PRESCRIBING DATE TEMPLATE				
rpannett	PHARMACY CONSULT NOTE					
rpannett	PILL COUNT TEMPLATE	PILL COUNT TEMPLATE				
rpannett	PNEUMOCOCCAL VACCINE	FUNDED PNEUMOCOCCAL VACCINE				
rpannett	RP					
rpannett	RX BPMH TEMPLATE	BPMH TEMPLATE				
rpannett	SMOKING CESSATION - PRECONTEMPLA	TOBACCO, NOT READY TO QUIT				
rpannett	SMOKING CESSATION CONSULT					



Text / Note / Label
Current warfarin dose: _
New ordered warfarin dose: _
Next INR in: _



Text / Label List

New Record Delete Record Save Undo Refresh Print Label Close Window

RP

	Author	Name	Description
>	rpammett	INR ORDER (DOSE ADJUSTMENT)	
	rpammett	INR ORDER (NO CHANGES)	
	rpammett	INSULIN SLIDING SCALE HIGH DOSE	INSULIN SLIDING SCALE HIGH DOSE (LOW SENSITIVITY)
	rpammett	INSULIN SLIDING SCALE LOW DOSE	INSULIN SLIDING SCALE LOW DOSE (HIGH SENSITIVITY)
	rpammett	INSULIN SLIDING SCALE MEDIUM DOS	INSULIN SLIDING SCALE MEDIUM DOSE (MEDIUM SENSITIVITY)
	rpammett	INTAKE BPMH	
	rpammett	MED ASSESSMENT TEMPLATE	MEDICATION ASSESSMENT TEMPLATE
	rpammett	OPIOID PRESCRIBING DATE TEMPLATE	OPIOID & CONTROLLED SUBSTANCE PRESCRIBING DATE TEMPLATE
	rpammett	PHARMACY CONSULT NOTE	
	rpammett	PILL COUNT TEMPLATE	PILL COUNT TEMPLATE
	rpammett	PNEUMOCOCCAL VACCINE	FUNDED PNEUMOCOCCAL VACCINE
	rpammett	RP	
	rpammett	RX BPMH TEMPLATE	BPMH TEMPLATE
	rpammett	SMOKING CESSATION - PRECONTEMPLA	TOBACCO, NOT READY TO QUIT
	rpammett	SMOKING CESSATION CONSULT	

Text / Note / Label

Current warfarin dose:_
New ordered warfarin dose:_
Next INR in: _

UHNBC Algorithm for warfarin dose adjustment:

<1.5 ⇒ give extra dose, increase weekly dose by 10-20% (extra dose can be up to 20% of weekly dose)

1.5-1.9 ⇒ increase weekly dose by 5-10% (or no change, and if 2 consecutive INR are in this range, then increase by 10-20%)

2-3 ⇒ no change

3.1-3.4 ⇒ decrease weekly dose by 5-20%

3.5-4.0 ⇒ hold 1 dose then decrease weekly dose by 10-30%

4.1-4.9 ⇒ hold 1 dose then give 25% of previous dose then decrease weekly dose by 20-40%

Contact



- Email: robert.pammett@northernhealth.ca
- Phone: 250-565-5513