

SUBJECT: **WARFARIN ADJUSTMENT PROTOCOL**  
APPROVED BY: VP Acute & Long Term Care & COO (South) \_\_\_\_\_  
EFFECTIVE DATE: 2007 07 23  
REVISED/REVIEW DATE: 2011 03 18

**Purpose:**

To provide guidelines for all nurses to follow when adjusting Warfarin.

To outline clear protocols for nurses assessing and monitoring INR.

To outline standards for documentation of International Normalized Ratio (INR results).

**Policy/Standard:**

Nurses are responsible to ensure all INR ratios are documented on the warfarin flowsheet (Appendix B). All adjustments must be reviewed and consulted with a physician.

**Materials Required:**

Telephone Advice Log LGH 192(South) (Appendix A)

Telephone Advice Log LGH 193 (North)(Appendix B)

Warfarin Flow Sheet (Appendix C)

**Related Policies:**

No applicable policy

**Procedure:**

1. The Warfarin Flow Sheet must be completed in pen and secured on the top of the clients chart, any completed forms must be filed permanently under "Consults".
2. All clients on warfarin must have a target INR range documented in their chart in SOAP format and on the warfarin flowsheet. The target INR will be written by the attending physician and reordered by the physician on a yearly basis.
3. Target INRs will almost always be 2.0 – 3.0 or 2.5 – 3.5.

4. The indication for warfarin must be clearly documented and when requesting adjustments, physicians should be informed by telephone and followed by a telephone advice log and printed PT INR result sheet.
5. If active bleeding, physician consult is required. If bleeding, the below table **does not** apply.
6. For response to INR result, see the following tables.
7. If INR is not within range or warfarin changes are required, contact your physician.
8. If INR is within 0.2 of target, and previous INR was good, then no corrections are required and recheck in 7 – 10 days.

**For Readjustment:**

1. Physicians must be consulted by telephone and followed by a telephone advice log, (Appendix A), Warfarin flowsheet (Appendix B) and printed PT INR result sheet for any readjustment.
2. Nurses must complete the warfarin flowsheet (Appendix B) including date, current dose of warfarin, INR result, any changes to the dose, when to repeat INR and nurse's signature.

**For maintenance:**

1. Determine target INR and reflect this on the flow sheet (Appendix B).
2. Document each INR result on the flowsheet (Appendix B). Determine if correction required.
3. Review flow sheet (Appendix B) to determine previous weekly dose.
4. The number of consecutive normal readings shall be equivalent to the timing of the next weekly INR testing. The maximum time between readings is 4 weeks. Example – if a patient has had 1 normal reading, the next INR would be in 1 week; 2 consecutive normal-INR in 2 weeks; 3 consecutive normal-INR in 3 weeks, 4 normal-INR in 4 weeks; 5 normal, INR in 4 weeks.
5. Routine INRs should not be taken on Fridays to avoid delays in follow-up.

### Response to Target INR 2.0 to 3.0

INR	<2.0	2.0-3.0	3.1-4.0	> 4
Action	Contact MD during working hours for dose adjustment	Continue on same dose. No need to contact MD.	Contact MD during working hours for dose adjustment	Contact MD
Get next INR	1 week	Number of consecutive readings in range - 1 week. ** (to a maximum time b/t rechecks is 4 weeks)	1 week	At MDs discretion

### Response to target INR 2.5 to 3.5

INR	<2.5	2.5-3.5	3.6-4.5	> 4.5
Action	Contact MD during working hours for dose adjustment	Continue on same dose. No need to contact MD.	Contact MD during working hours for dose adjustment	Contact MD
Get next INR	1 week	Number of consecutive readings in range- 1 week** (maximum time b/t rechecks is 4 weeks)	1 week	At MDs discretion

\*\* ie. If INR values are within normal limits (WNL) for 3 weeks, recheck INR in 3 weeks. Maximum time between rechecks is 1 month. So even if INR values are WNL for 5 weeks, still recheck INR value at 4 weeks.

#### **Reference:**

American Family Physician: Warfarin Therapy: Evolving Strategies in Anticoagulation. @ <http://www.aafp.org/afp/990201ap/635.html>



Appendix A

TELEPHONE CONSULTATION LOG

Client Name: Mother's First Name (security check):

Date of Birth: MCP # / Health Care #:

Address (street and/or P.O. Box): Community/Town:

Province: Postal Code:

Date/Arrival Time at Clinic Triage level: Non Urgent Urgent Emergency

Presenting Problem:

V/S: T HR RR B/P SPO2 Gluc.

Current Medications:

Allergies

Time: Nurse's Assessment/Intervention:

Registered Nurse (print): Signature:

Time: Physician's Plan of Medical Care / Medication Order(s):

Physician (print): Signature:

Date/Time Order Received: Initial:

FACSIMILE INFORMATION

To Referral Centre:

From Clinic Clinic Fax # # Pages (including cover)

(Emergency/Urgent Requests): Fax requests to the Emergency Department Fax # (709) 454 2194

(Non Urgent Requests): Fax requests to the OPD Department Fax # (709) 454 2194

This fax is confidential and for the sole use of the intended recipient(s).



**Appendix B**

**TELEPHONE CONSULTATION LOG**

Client Name: \_\_\_\_\_ Mother's First Name (security check): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ MCP # / Health Care #: \_\_\_\_\_  
Address (street and/or P.O. Box): \_\_\_\_\_ Community/Town: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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Date/Arrival Time at Clinic \_\_\_\_\_ Triage level:  Non Urgent  Urgent

**Emergency**

**Presenting Problem:** \_\_\_\_\_

V/S: T \_\_\_\_\_ HR \_\_\_\_\_ RR \_\_\_\_\_ B/P \_\_\_\_\_ SPO<sub>2</sub> \_\_\_\_\_ Gluc. \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies \_\_\_\_\_

**Time:** \_\_\_\_\_ **Nurse's Assessment/Intervention:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Registered Nurse (print): \_\_\_\_\_ Signature: \_\_\_\_\_

**Time:** \_\_\_\_\_ **Physician's Plan of Medical Care / Medication Order(s):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician (print): \_\_\_\_\_ Signature: \_\_\_\_\_

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Date/Time Order Received: \_\_\_\_\_ Initial: \_\_\_\_\_

**FACSIMILE INFORMATION**

To Referral Centre: \_\_\_\_\_

From \_\_\_\_\_ Clinic Clinic Fax # \_\_\_\_\_ # Pages (including cover) \_\_\_\_\_

**(Emergency/Urgent Requests): Fax requests to the Emergency Department Fax # (709) 896**

**4130 (Non Urgent Requests): Fax requests to the OPD Department Fax # (709) 896 4607**

**This fax is confidential and for the sole use of the intended recipient(s).**



