

Patient ID Label

Anticoagulation Monitoring Service

Physician Order Form

Steps to schedule an initial visit to the Anticoagulation Monitoring Service:

1. An appointment must be scheduled for the patient to be seen; they are not "walk-in" visits.
2. Complete this form and **fax to 216-201-6012** along with recent office note or discharge summary. (Concord Health Center only fax to (440)358-5481 and Geauga only fax to (440)285-6110).
3. **Call 216-286-7010** to notify Anticoagulation Monitoring Service of patient and confirm receipt of order form; this will ensure transition of patient and help to prevent gaps in care. An initial appointment can be made for the patient at this time or the scheduling office will contact the patient to schedule. Our goal is to see your patient within 3-5 business days.
4. Orders cannot be taken from Residents, Fellows, CNP's or PA's; **a managing physician MUST be listed.**
5. The referring physician must ensure an interim management plan is in place until the patient can be seen.
6. The referring physician must ensure that there is a managing physician responsible for the ongoing needs of the patient. The managing physician will be contacted by the Anticoagulation Monitoring Service staff for any patient care related issues.
7. Compliance with appointments and/or medication regimen is expected, otherwise patients will be discharged from the anticoagulation monitoring service with ample warning.

Responsibilities of the Anticoagulation Monitoring Service Staff:

1. If we are unable to schedule the visit within 3-5 business days of receiving the form or being discharged from the hospital, you will be contacted by our office.
2. The clinic staff cannot initiate anticoagulant therapy, nor can they bridge therapy without orders from the managing physician. Furthermore, they will not assume responsibility for the monitoring of the patient's anticoagulation until the patient has been seen for the initial visit.
3. Progress notes will be sent to the managing physician's office via fax after each visit.

Criteria for patient enrollment in the Anticoagulation Monitoring Service:

1. Patient is ambulatory and able to come to the clinic for appointments. The clinic will not provide anticoagulation monitoring for patients receiving home health, hospice or those getting venous punctures at a laboratory.
2. Patients without a managing physician will not be enrolled in the Anticoagulation Monitoring Service.
3. Patients/caregiver should have no previous compliance issues documented and is a willing, active participant in their care.

Desired location of appointment:

Case Chagrin Concord Euclid Geauga Medina Mentor Twinsburg Westlake

Patient is currently an inpatient. Anticipated date of discharge: _____

Patient is scheduled for a cardioversion/ablation. Anticipated date of procedure: _____

Patient Name: _____ MRN or DOB: _____ Today's Date: _____

Telephone #: _____ Indication: _____

Date warfarin begun: _____ Dosage/tablet strength: _____ Frequency: _____

Baseline INR: _____ Date obtained: _____ Most recent INR: _____ Date obtained: _____

Duration of therapy: Lifelong Indefinitely Other (please specify duration): _____

Evidence-based orders are indicated below, draw a line through orders that do NOT apply and specify other orders as appropriate.

All dose adjustments are made using the patient's current tablet strength, rounded to the nearest dose, when % changes are made.

- Initial Monitoring:** Reassess INR every 2-4 days until INR in desired range x 2 results. Then decrease frequency of monitoring to weekly until 2 consecutive therapeutic INRs achieved, then biweekly until 2 consecutive therapeutic INRs, then decrease frequency up to every 28 days while INR stable.
- Discontinue heparin/enoxaparin/fondaparinux when INR is therapeutic x 2 days.
 - Notify physician to discuss plan of care if patient does not respond to dose increases and INR remains subtherapeutic after the first 2 weeks of therapy.
 - Contact physician to discuss bridging if INR is subtherapeutic within the initial 30 days of therapy and if indication is acute thromboembolism, stroke, and/or ventricular assist device (VAD).

Other orders:

Patient Name: _____ MRN or DOB: _____ Today's Date: _____

Target INR (please specify) = _____ to _____

Target 2.0 - 3.0	Target 2.5 - 3.5	Other Target	Dose Change	Additional Dose or Dose Hold	Monitoring Frequency
INR Result	INR Result	INR Result			
≤ 1.3	≤ 1.5	0.7 – 1.0 below	Increase dose by 20%	None	^{1/6} Reassess within 7 days
1.4 – 1.5	1.6 – 1.8	0.5 – 0.6 below	Increase dose by 15%	None	^{1/6} Reassess within 7 days
1.6 – 1.7	1.9 – 2.2	0.3 – 0.4 below	Increase dose by 10%	None	^{1/6} Reassess within 7 days
1.8 – 1.9	2.3 – 2.4	0.1 – 0.2 below	² Increase dose by 5%	² Additional tablet dose x 1	^{1/6} Reassess within 7 days
2.0 – 3.0	2.5 – 3.5	Within target	Therapeutic Range --- No Changes Required		¹ If stable INR – within 28 days
3.1 – 3.3	3.6 – 3.8	0.1 – 0.3 above	³ Decrease dose by 5%	None	¹ Reassess within 7 days
3.4 – 3.9	3.9 – 4.4	0.4 – 0.9 above	Decrease dose by 10%	Omit dose x 1 day	¹ Reassess within 7 days
4.0 – 4.9	4.5 – 4.9	1.0 – 1.9 above	Decrease dose by 15%	Omit dose x 2 days	¹ Reassess within 7 days
		^{4 5} 2.0 – 2.9 above	Decrease dose by 20%	Omit dose x 2 days	¹ Reassess every 1-3 days
5.0 – 7.9	5.0 – 7.9	5.0 – 7.9	⁴ Decrease dose by 20% upon resumption of therapy	Hold dose until INR result between 2.0 – 3.0	¹ Every 1-3 days
≥ 8.0	≥ 8.0	≥ 8.0	⁴ Decrease dose by 20% upon resumption of therapy	Hold dose until INR result between 2.0 – 3.0	¹ Every 1-3 days

For supratherapeutic INR and signs or symptoms of bleeding:

- Call EMS to have the patient transferred to an acute care facility for further assessment and management if the patient's clinical status is compromised. Notify managing physician of patient's status.
- If patient's clinical status is stable, contact managing physician. Obtain orders for further management. Dose may be held and/or more frequent monitoring may be required.

Other orders:

- ¹ Reassess INR ≤ 7 days and continue to monitor ≤ 7 days until INR is within desired range x 2 results. Then decrease frequency of monitoring to biweekly, until 2 consecutive therapeutic INR results achieved. Next, decrease monitoring up to every 28 days while INR is stable.
- ² If a single INR result and an identifiable cause (missed dose, increased vitamin K intake, short-term medication known to decrease INR) recognized, maintain dose, give additional tablet dose x 1 and reassess within 7 days. Increase dose by 5% if INR falling, low on 2 or more occasions or no cause identified for decreased INR.
- ³ If a single/one-time INR result and the reason for the fluctuation is identified (accidental additional dose, decreased vitamin K intake, short-term medication known to increase INR), maintain dose and reassess within 7 days. If INR rising or high on 2 or more occasions, decrease dose by 5%.
- ⁴ Patient without signs or symptoms of bleeding. Contact managing physician, notify of result, review care plan and obtain orders for further management. (Consider the following: lab confirmation of result, oral vitamin K at 2.5 to 5mg, hold warfarin until result in therapeutic range, and decreasing dose by 20% upon resumption of therapy. Routine use of vitamin K is not recommended, in general, for an INR between 4.5 and 10, with no evidence of bleeding. However, oral vitamin K is recommended for an INR ≥ 10, with no evidence of bleeding.)
- ⁵ If applicable depending on target range. See INR result of 5.0 or greater for specific orders for standard target ranges.
- ⁶ Notify MD if INR ≤ 2.0 with mechanical heart valve and target range of 2.5-3.5. Notify Vascular Surgeon if INR below target in patient w/ vascular graft.

Interim management plan:

Physician responsible for the interim management prior to the patient's clinic appointment is: _____

Management plan:

I agree to maintain a clinical relationship with this patient; will see the patient at least once annually and will be available to discuss issues relating to the anticoagulation therapy and care of this patient. If I do not agree to these terms, a managing physician has been notified, agrees to the terms and is listed below.

Managing Physician: _____ Signature: _____
 Credentials: _____ Telephone #: _____ Pager#: _____

Prescribing Physician: _____ Signature: _____

Credentials: _____ Telephone #: _____ Pager#: _____

[Internal Use Only: Appt Scheduled (Initials _____) Enrollment form complete (Initials _____)]