Anticoagulation Rotation Experience

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UCSD Health System– Anticoagulation Clinic
UCSD Anticoagulation Clinic sites

- Hillcrest: 4th and Lewis
- La Jolla: Perlman

~ 460 patients

~ 415 patients

Recent estimation of 875 patients total
Anticoagulation Clinic model

- Face-to-face visits with POCT testing
  - INR and Hgb
  - Average appt: 1/month/patient
- Home monitoring program
  - Weekly INRs
  - Expensive for the patients
- Lab with telephone/MyChart follow up
  - Convenient for sub-set of population (oncology)
  - No reimbursement available
Student involvement

- Only with patient visits
  - (no phone, MyChart, etc.)
- Flow:
  - Student brings pt to exam room
    - Interviews patient
    - Collects POCT tests
  - Presents pt to attending/creates plan
  - Both attending and student discuss final plan with patient
  - Student enters information into EMR and composes note
Student documentation

- Med rec for every patient
  - Correct warfarin dose?
  - Change if dose changes
- Enter labs
  - INR and Hgb
- Summary of relevant findings/symptoms
- Patient instructions
Patient XYZ is a XX year old male patient attending Anticoagulation Clinic for follow up.

Reason for anticoagulation therapy: A-Fib and CHADS 2 score = 2
Anticoagulated since: 1996
Therapeutic goal INR range: 2.0 - 3.0

Current warfarin dose: 3 mg q day since discharge on 2/6/14 (usual dose is 5 mg q day)

Patient Findings:
- Patient denies missed doses
- Patient denies extra doses
- Patient denies medication changes
- Patient denies bleeding gums
- Patient denies nose bleeds
- Patient denies recent use of antibiotics
- Patient denies OTC/Herbal Medication
- Patient denies diet changes
- Patient denies blood in urine
- Patient denies blood in stool

**Patient reports dental or other procedures**
- Patient denies hospitalization
- Patient denies bruising
- Patient denies other complaints

Pt in hospital for CHF and warfarin dose changed upon discharge to 3 mg (using 3 mg warfarin tabs) which is lower than usual dose for patient. Now patient feeling well.

INR 1.2  Hgb 11.3
A/P: INR below goal d/t patient improving from CHF issues and now needing more warfarin. Hgb stable.

New warfarin dose: increase back to 5 mg q day- using 2.5 mg tablets- 2 tabs per day
Dispose of warfarin 3 mg tablets

RTC: one week
Challenges...

- **Resources**
  - Supporting staff, clinicians
  - Expensive supplies
  - Clinic space