Sharp Outpatient Orthopedic Coumadin Clinic

Important Coumadin Clinic Background information:

1. Our clinic services orthopedic patients ONLY; surgeries performed at Memorial, Coronado, Grossmont, and Chula Vista Medical Center
2. The pharmacist is not the physician in charge of the patients’ care, but is acting as an “agent of the referring physician” for the purpose of warfarin service only. This requires the pharmacist to document any and ALL communication with the patient, and when needed, report back to the referring physician.
3. We are located in the Sharp Spectrum facility; we are a stand alone outpatient clinic.
4. There are NO on-call hours; every effort should be made to contact the Outpatient Coumadin Clinic pharmacist before we close at 5:30PM

Patients:
- Total Knee replacements
- Total Hip replacements

Physicians:
- Sharp Rees Stealy and Sharp Community Medical Group Orthopedic Physicians

Purpose:
- Venous Thrombotic Event (VTE) prophylaxis; not for management of active disease; patient must be transferred back to the surgeon if this should occur

Duration of treatment=28 days only (4 weeks)

Policy and Procedure (P and P) 43163:
- Every certified pharmacist should read this P and P and constantly familiarize themselves with it
- Look under “Pharmacy” on the intranet site, go to “Anticoagulation”

Responsibilities/Check list in the Inpatient Clinic:
- Initial interview—Needs to include a current medication list
- Determine if patient is Coumadin naive or if patient is on Coumadin chronically
  - About 5-10% of our service at any given time are “chronic patients”
  - YOU MUST follow up with a call to the PCP or the patient’s Coumadin Clinic to notify them WE will be following the patients AND to verify the dose
- The chronic dose must be noted in the profile along with the condition being treated chronically (ie: a-fib) AND the INTENSITY must be noted (2-3)
We do not take “complicated” chronic Coumadin patients (ie: those with an intensity of (2.5-3.5)

Naive patients will be on Coumadin for 28 day course. Patients needing a longer course of treatment must be sent back to the PCP, Cardiologist or Coumadin clinic.

Coumadin prescription:
1. Call in prescription before discharge to patient’s pharmacy of choice. (Rx will NOT be called in pre-operatively)
2. If written prescription given to patient, it must be signed by a physician.
3. A prescription for 4mg #50 is our standard prescription and must be called in or given to the patient.
4. Please note to the pharmacist filling the RX the days supply (typically 24 day supply).
5. Every attempt should be made to provide a consistent daily dose (e.g., as few zero dosing days as possible and fewest number of tablets to achieve daily dose).

Exceptions:
1. A 2mg Coumadin prescription may be used in a VERY sensitive patient; at the inpatient pharmacist’s discretion
2. The Navy ONLY supplies 2mg Coumadin tablets
3. Chronic patients stabilized on other strengths such as Coumadin 5 mg tablets, usually have a Coumadin supply at home. Please DO NOT confuse patients by giving them a different strength prescriptions.
4. Larger strength tablets are not recommended in naïve patients.

Inpatient Documentation:
Documentation should be extensive regarding potential drug/drug interactions:
Non-steroidals (NSAIDS), Aspirin (ASA), supplements, herbals, Over the Counter (OTC drugs), ethanol (ETOH), and tobacco use (tobacco users on average need 20 % more Coumadin than a non-tobacco user)

Complications:
The physician shall be initially consulted during the work-up phase of new Coumadin patients and when:
1. Patient has an INR >4 in fresh post-op patients due to increase risk of bleed, INR >6 in all other patients.
2. Patient has signs and symptoms of bleeding
3. Gross hematuria
4. Hematochezia
5. Melena
6. Patient has decreased response to Coumadrin
7. Adverse drug reaction secondary to Coumadin is suspected
8. There is any evidence of pregnancy
9. New or recurrent thromboembolic event is suspected or documented
10. Active disease present (signs and symptoms of a VTE confirmed with Doppler, VQ scan, etc.):

The pharmacist is to initially consult the orthopedic physician for the purpose of confirming active disease. If active VTE exists in an Orthopedic surgery patient, and the patient is under the care of the outpatient orthopedic surgery Coumadin clinic, these patients will be immediately referred to their physician of record for the remainder of their anti-coagulation therapy.

Discharging patient from the Inpatient Clinic to the Outpatient Clinic:

1. Please try to get at least TWO phone numbers to contact the patient after discharge.
2. If the patient will not be at home or can’t be reached with the current contact information given to the pharmacist, then the patient is responsible for contacting the pharmacist and providing a new phone number or a contact person with whom the pharmacist can give instructions to. Failure to do so will result in immediate notification of the referring physician that criteria exist for patient discharge from the ACS.

Information on INRs:
INRs can be ordered from a number of sources:
1. CLS
2. Brier Patch
3. SRS Labs
4. Quest/Diagnostics
5. Hospital Lab
6. Independent Home Health (ie: Accent, Excel, Care South)
7. Skilled Nursing Facility (often sends the results out to Diagnostics or SRS labs)

Ordering INRs
Week 1— The INPATIENT pharmacist may order as many INRs while the patient is an inpatient in the first week as long as the patient is still unstable (the patient is typically discharged on POD #3).
Outpatient INRs
1. Week 2-Two INRs are ordered
2. Week 3-Two INRs are ordered
3. Week 4-One INR is ordered

Exceptions (usually only applies to the outpatient pharmacist):
1. If an INR comes back too high or too low
2. If patient is discharged earlier than POD #3
Pharmacist Hours in the Outpatient Clinic:
1230PM-530PM Monday, Tuesday, Thursday, Friday
CLS hours are the same—NO LAB DRAWS ON WED

Each inpatient facility has specific days to schedule INRs:
1. SMH and SCVMC-Mondays and Thursdays
2. SGH and SCOR-Tues and Fridays

Exceptions:
Brier Patch is only open for PT on Monday, Wednesdays, and Fridays.
These patients will be drawn on Monday and Friday.

Management after discharge from the inpatient to the outpatient clinic:
1. The pharmacist must be in CONSTANT communication with the orthopedic surgeon IF THE SITUATION NECESSITATES.
2. Upon request, the Pharmacist will transfer information to the designated physician’s staff (ie: PCP, Cardiologist, Orthopedic surgeon) by providing them with a copy of the Pharmacist dosing flowchart and encounter form.

Due to the narrow therapeutic index of Coumadin and the need for close monitoring, patients who are non-compliant will have their Coumadin monitoring stopped at the discretion of the pharmacists and will be immediately discharged from the Outpatient Orthopedic Coumadin clinic.

Non-compliant patients include (but are not limited to):
1. Patients who fail to comply with ACS instructions for scheduled INR checkups. The pharmacist will apply his/her clinical judgment as to actions taken within the first 48 hours after the scheduled appointment. In any event, unresolved noncompliance will be communicated to the referring physician no later than 48 hours after the scheduled appointment.
2. Patients who do not take warfarin as instructed by the pharmacist. Noncompliance unresolved after one attempt by the pharmacist will be communicated to the referring physician. Noncompliance will be defined as failure to take the warfarin in the dosage and manner prescribed by the ACS. Patients who are lost to follow-up and can’t be reached by the pharmacist after the Pharmacist has made a reasonable (48 hours without patient response, or reasonably anticipated risk therefore, imminent weekend or holiday) effort to contact the patient.
3. Patients who are admitted to Non-SHARP facilities, i.e., where the ACS Pharmacist can not do the warfarin dosing
4. When a physician changes a patient’s dosing that was prescribed by the ACS Pharmacist. The pharmacist will discuss the plan with that prescribing physician, including either continuation of ACS management or discharge from the ACS.
Discharge Steps:

1. When a patient is determined to be noncompliant or is found to have been admitted to a Non-SHARP facility, then the services of the Outpatient Coumadin Clinic will be terminated. The pharmacist will contact the prescribing physician and providing him/her documentation of any failed attempts of communication and/or reasoning for discharge.

2. Final interview after the completion of the 28 days should give discard instructions and restart information for any drugs that were stopped.