

Standard Operating Procedure to allow Practice Nurses to oversee specified out of range INRs

Level 1 clinicians (HCAs) can manage all in range INRs via INRstar. However, all out of range INRs need to be referred. With clearly defined parameters a prescribing nurse can oversee the lower risk patients rather than all out of range INRs being referred to a Level 3 Clinician. For the purpose of this protocol the prescribing practice nurse will be termed a Level 2 Clinician. There will still always need to be a Level 3 Clinician allocated to overseeing every clinic for a source of advice and managing the higher risk out of range patients.

Training

All Level 2 Clinicians overseeing the INR clinics need to have undertaken and have logged the following training:

- Prescribing qualifications
- www.bmjlearning.com:

Two modules to undertake and complete:

1. “Starting patients on anticoagulants: how to do it”,
 2. “Maintaining patients on anticoagulants: how to do it” for GPs, practice nurses and other healthcare professionals.
- INRstar webinar
 - in house training on the content of this protocol and the practice anticoagulation protocol

Level 2 Clinician dosing LOW out of range INRs

The HCAs will refer all suitable INRs < 2.0 for Level 2 Clinician to dose based on this flow chart in their protocol:

Practice nurses should only dose INRs < 2.0 if patient has:

1. A diagnosis of Atrial Fibrillation
2. No other reason for patient being on warfarin (e.g. prosthetic valves, DVTs, PEs, arterial thrombosis)
3. No history of CVA/TIA
4. One of the **last** 2 previous INRs in range

Dosing low INRs using INRstar:

- Check INRstar dosing regime does not have both 5mg and 500mcg tablets (this combination should be avoided). Alter tablets as needed in line with warfarin doses on patient's repeat list or patient's request. Avoid 5mg if possible (referral to overseeing Level 3 Clinician should be made if patient is requesting to have 5mg warfarin added to their repeats prescriptions)
- Do not override INRstar's dosing suggestions – if you have any concerns regarding INRstar's dosing then refer to overseeing level 3 clinician
- No boosting dose required
- Note – if patient has omitted doses of warfarin INRstar may not modify dose
- Authorize dosing regime if there are no concerns
- Follow up date for next INR test:
 - If INR 1.7 – 1.9 then 14day minimum follow up appointment should be made (INRstar may need the follow up date overriding)
 - If INR < 1.7 then 7d follow up needed

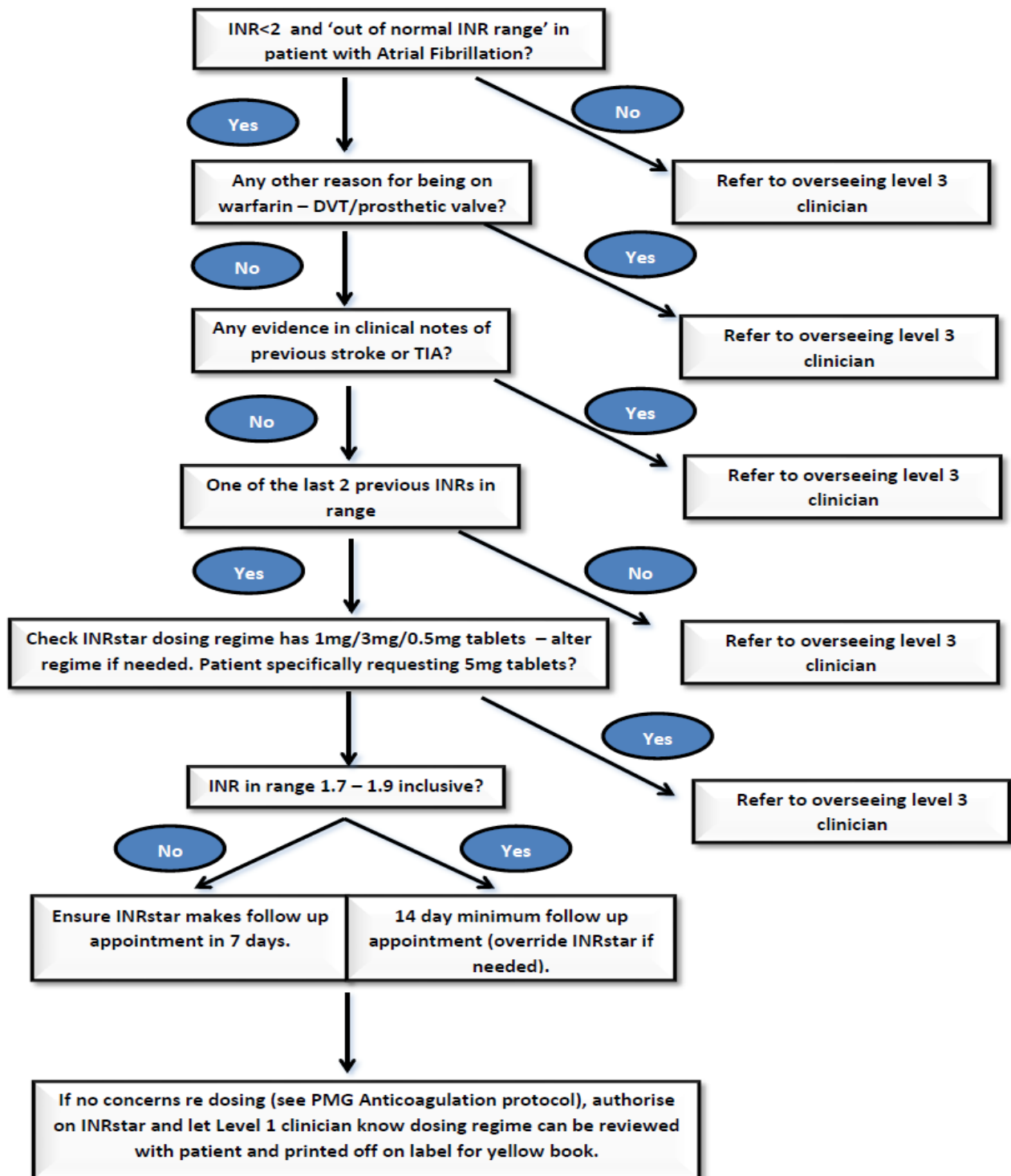
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Level 2 clinician managing patient's LOW out of range INR:



Level 2 Clinicians dosing high INRs

Level 2 clinicians can dose INRs above their normal range **and < 4.0** for all patients

It will be clearly documented in INRstar by the HCA whether the patient has recently started any new medication.

- **All patients** with an INR < 4.0 can be dosed by the overseeing practice nurse using INRstar
- Check INRstar dosing regime does not have both 5mg and 500mcg tablets (this combination should be avoided). Alter tablets as needed in line with warfarin doses on patient's repeat list or patient's request (referral to overseeing clinician should be made if patient is requesting to have 5mg warfarin added to their repeats prescriptions)
- Do not override INRstar's dose suggestions – if there are any concerns regarding INRstar's dosing then refer to overseeing Level 3 Clinician.
- INR \leq 0.3 above normal range then next test should be organised for 14d (override INRstar if needed)
- If INR high due to new recent medication then a repeat INR should be organised for 5-7 days
- If INR \geq 0.3 above normal range (and still < 4.0) then repeat INR should be in 7 days

Level 2 clinician managing patient's HIGH out of range INR:

