

JCAHO Standard:

Title: Addendum: Coumadin process to be followed during COVID-19 Response

Effective Date: March 25, 2020

Review/Revision Date: 8/7/2020 (reviewed and extended to 12/31/2020), 12/4/2020 (reviewed and extended to 3/31/2021), 5/7/2021 (reviewed and extended to 11/30/2021)

Policy Owner: Chief Medical Officer

Purpose: Revision of appointments during response to COVID-19

Supportive Data:

Policy: To establish temporary guidelines to manage INR patients during COVID-19

Procedure:

If patients are new, or recent dose changes - patient will keep appointments as scheduled.

For all other patients, who were in Therapeutic range at last INR or office visit, INR Nurse will review patient's TTR (Time in Therapeutic Range) - you can get this by doing:

- Chart Review
- Select the last Anticoag Visit
- Far right is Linked episodes
- Under medication changes- The Anticoag dosing calendar and click on that
- At the top of the dosing calendar is the TTR

If the TTR is 65% -74% push next INR appointment out to 8 weeks (from last INR)

If the TTR is 75% or greater push next INR appointment out to 12 weeks (from last INR)

Patient will be contacted by phone by nurse (or Provider), review Patient Findings (found in the Anticoag. Downtime forms), and share provider recommendations.

PCP should be consulted to review medical record to verify they are in agreement with these recommendations and there is no reason to keep the patient scheduled for INR at this time.

If any of the following Patient Findings are positive responses, consult with provider:

- Signs/Symptoms of bleeding
- Bruising (excessive/outside of the patient's normal bruising)
- Missed doses
- Extra doses
- Upcoming invasive procedure
- Major bleeding event
- Thromboembolic event
- Anticoagulation related admission/ED visit/fatality

Obtain patient agreement/understanding and reschedule INR as indicated in the recommendations above or per provider's recommendation.

Documentation will be completed using dot phrase- .INR812 in Progress Note. Note will be forwarded to PCP for review.

Example:

Patient current TTR (1 yr.): - 81.4%

Lab Results

Component	Value	Date
INR	3.0 (HH)	03/02/2020
INR	2.4 (HH)	01/27/2020
INR	2.4 (HH)	12/27/2019

PT/INR is a necessity lab test to monitor anticoagulation therapy

Patient INR will be scheduled at 8 weeks - 4/21/2020 and can be extended to 5/19/2020

9th ACCP Recommendations –

3.1 Patients with consistently stable INRs: INR testing frequency may be increased up to 12 weeks rather than every 4 weeks (Grade 2B)

3.2 Patients with previously stable therapeutic INRs who have a single out-of-range INR of ± 0.5 below or above therapeutic range: (1) continue current dose. (2) INR testing within 1 to 2 weeks. (Grade 2C).

Cross Reference: The American College of Chest Physicians: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines (2012)