

Name of Policy: <u>Management of Critical INR Values</u> Policy Number: 3364-133-114 Department: Pharmacy Approving Officer: Chief Executive Officer Responsible Agent: Senior Hospital Administrator Scope: University of Toledo Medical Center	 Effective Date: 7/31/2022 Initial date: 4/1/2016
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy

(A) Policy Statement:

- a. The University of Toledo Anticoagulation Clinic staff will follow the outlined steps in managing critical INR values protocol

(B) Purpose of Policy:

- a. The purpose of this policy is to provide guidance in management of critical INRs above 5 and warfarin reversals. Pharmacists and staff will use American College of Chest guidelines for managing critical INRs greater than 5 and if patient needs to be admitted in the hospital for acute management

(C) Procedure:

- a. Critical INRs greater than 5 will be handled within 24 business hours of receiving the results using recommendations of CHEST Guidelines as outlined below for clinical guidance
- b. After hours critical INRs will be managed by on call pharmacy residents or pharmacy staff within 24 business hours of receiving the results using recommendations of CHEST Guidelines as outlined below for clinical guidance.
- c. Any clinically significant bleeding should be communicated to the referring physician.
- d. All actions will be documented in patient's EMR

Clinical Scenario	Treatment of Elevated INR	Time to Recheck INR
No clinically significant bleeding, no urgent/emergent surgery/procedure		
INR 5.0-9.9	Omit 1-2 doses of warfarin. Resume at lower dose when INR therapeutic.	24-48 Hours
INR >9.9	Omit 1-2 doses of warfarin. Consider Vitamin K 2.5mg PO x 1, Resume at lower dose when INR therapeutic. May refer patient to nearest emergency department for evaluation under clinic discretion.	24-48 Hours
Clinically significant bleeding		
Any INR	Refer patient to nearest emergency department for evaluation.	

