island health

Clinical Order Set

Demographics

AMB Warfarin Dosing and LMWH Administration Outpatient

Key: **Req** – Requisition **MAR** – Medication Administration Record **K** – Kardex **Dis** – Discontinued

Key	Phase

Instructions for completing this order set:

- ☑ Indicates a pre-selected order; the recommended or most frequently ordered option. To delete a pre-selected order, draw a line through it
- ☐ Must tick the box for order to be implemented; Orders not ticked will not be implemented
- __ Fill in blank spaces as needed/as appropriate
- \- Indicates an item for consideration by MRP; is NOT an order

AMB Warfarin Dosing and LMWH Administration Outpatient

Admit/Transfer/Discharge/Status

Inclusion Criteria:

- Initiating warfarin AND requires concurrent low molecular weight heparin
- Ability to return to ambulatory clinic for 5-day minimum

Exclusion Criteria:

- History of heparin Induced thrombocytopenia (HIT)
- Pregnancy
- eGFR less than 20 mL/h
- Hemodialysis or peritoneal dialysis patients

☑ Discharge when Criteria Met - Discharge to primary care Provider when INR therapeutic for two consecutive days with a minimum five days of therapy

Diagnosis: ☐ Deep Vein Thrombosis (DVT) ☐ Pulmonary Embolus (PE) Other: _____

Patient Care

☑ Weight, ONCE: _____ kg

Communication Orders

Anticoagulant Communication

- ☐ INR Target 2 to 3
- ☐ INR Target 2.5 to 3.5
- ☐ INR Target, specify: _____

Notify Provider

- ☑ If platelet count decreases by 50% or greater from baseline CBC
- ☑ If platelet count less than 50
- ☑ If signs/symptoms of serious bleeding during therapy

Nursing Communication

- ☑ No IM injections except vaccines
- ☑ Provide patient with outpatient requisition for lab work as ordered, if point of care (POC) testing not available at location

☑ Patient Education, Nurse to advise patient to avoid NSAIDs and high dose acetylsalicylic acid (ASA); Patient should continue low dose ASA for cardiovascular risk reduction as instructed by Provider

Laboratory

WITHIN 24 HOURS PRIOR TO INTIATING THERAPY

☑ INR, Blood, Once **Use POC test where available*
☑ Complete Blood Count and Differential, Blood, Routine
☑ Creatinine, Blood, Routine

AMB Warfarin Dosing and LMWH Administration Outpatient

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_____ _____ _____ _____

Signature, Designation | College License # | Date | Time

RECURRING LABS

☑ INR, Blood, DAILY **Use POC test where available*

☑ Complete Blood Count and Differential, Blood, on Day 3

☑ Complete Blood Count and Differential, Blood, on Day 5

☑ Complete Blood Count and Differential, Blood, on Day 8 if still in outpatient clinic

Medications

ENOXAPARIN

☑ Notify Provider, Call MRP if eGFR less than 30 mL/min

☑ Nursing Communication, Discontinue enoxaparin when INR therapeutic for 2 consecutive days, ensuring it is administered a MINIMUM of 5 days

Weight Range (kg)	Enoxaparin Dose *(1.5 mg/kg SUBCUT Q24H rounded as per table below)*
For eGFR greater than 30 mL/min	
Less than 46 kg	☐ 60 mg subcut daily
46 to 58 kg	☐ 80 mg subcut daily
59 to 68 kg	☐ 100 mg subcut daily
69 to 85 kg	☐ 120 mg subcut daily
86 to 100 kg	☐ 150 mg subcut daily
101 to 115 kg	☐ 160 mg subcut daily (80 mg pre-filled syringe x 2)
116 to 140 kg	☐ 200 mg subcut daily (100 mg pre-filled syringe x 2)
141 to 160 kg	☐ 240 mg subcut daily (120 mg pre-filled syringe x 2)
Greater than 160 kg	☐ 1.5 mg/kg/day x _____kg = _____mg subcut daily (use multi-dose vial)
For eGFR 20 to 29 mL/min	
☐ enoxaparin 1 mg/kg/day x _____ kg = _____ mg subcut daily (round to nearest pre-filled syringe 60 mg, 80 mg, 100 mg, 120 mg, 150 mg)	

WARFARIN

*- Provider to select either Pharmacist **OR** Provider **OR** Nurse Managed warfarin orders below*

Warfarin Pharmacist Managed

☐ Pharmacist to order warfarin daily **where available*

Dose Today: warfarin, _____mg, tab, oral, for 1 dose, give today

Warfarin Provider Managed

☐ Provider to order warfarin daily;

Dose Today: warfarin, _____mg, tab, oral, for 1 dose, give today

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☐ **WARFARIN NURSE MANAGED**

*- Provider to select Normal Sensitivity Dose **OR** Increased Sensitivity Dose in nomogram below*

- See "Factors associated with Increased and Decreased Sensitivity to Warfarin" support document attached

☑ Medication Communication, Discontinue all previous warfarin orders

☑ Nurse to confirm Day 1 of warfarin therapy and doses received since that time to determine where to start below

☑ Warfarin to be dosed by Nurse per nomogram, Tab, oral, for DAILY dose based on INR:

	INR Result	☐ NORMAL Sensitivity Dose	☐ INCREASED Sensitivity Dose
Day 1	Less than 1.3	10 mg	5 mg
	1.3 – 1.5	5 mg	2.5 mg
	Greater than 1.5	Call ordering Provider for warfarin orders	
Day 2	Less than 1.3	10 mg	5 mg
	1.3 – 1.5	5 mg	2.5 mg
	Greater than 1.5	Call ordering Provider for warfarin orders	
Day 3	Less than 1.5	10 mg	5 mg
	1.5 – 1.8	7.5 mg	3 mg
	1.9 - 2.1	5 mg	2.5 mg
	2.2 – 2.4	3 mg	1.5 mg
	2.5 – 2.7	2.5 mg	1 mg
	2.8 – 3.0	1 mg	-
	Greater than 3.0	HOLD warfarin and enoxaparin AND call ordering Provider for orders	
Day 4	Less than 1.5	12.5 mg	7.5 mg
	1.5 – 1.8	10 mg	5 mg
	1.9 - 2.1	7.5 mg	3 mg
	2.2 – 2.4	6 mg	2.5 mg
	2.5 - 2.7	1 mg	1 mg
	2.8 – 3.0	2.5 mg	0.5 mg
	Greater than 3.0	HOLD warfarin and enoxaparin AND call ordering Provider for orders	
Day 5	Less than 1.5	15 mg	10 mg
	1.5 – 1.9	12.5 mg	7.5 mg
	2.0 – 3.0	Same dose as Day 4	Same dose as Day 4
	Greater than 3.0	HOLD warfarin and enoxaparin AND Call ordering Provider for orders	
Day 6	Less than 1.5	17.5 mg	12.5 mg
	1.5 – 1.9	15 mg	10 mg
	2.0 – 3.0	Same dose as Day 5	Same dose as Day 5
	Greater than 3.0	HOLD warfarin and enoxaparin AND Call ordering Provider for orders	
Day 7 +	Less than 1.5	Call ordering Provider for warfarin orders	
	1.5 – 1.9	Increase dose from previous day by 2.5 mg	Increase dose from previous day by 1 mg
	2.0 – 3.0	Same dose as previous day	Same dose as previous day
	Greater than 3.0	HOLD warfarin and enoxaparin AND Call ordering Provider for orders	

Signature, Designation _____ College License # _____ Date _____ Time _____