Prescribing Warfarin in the Outpatient Dialysis Unit

**DESIGNATED PRESCRIBERS** for routine prescriptions

<table>
<thead>
<tr>
<th>1st contact</th>
<th>2nd contact (out-of-hours or if 1st and 2nd contacts unavailable)</th>
<th>3rd contact</th>
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</table>
| M/W/F patients | Dr Caroline Whitworth  
Please email unless urgent | Dr Sundeep Miya  
Bleep 5221 at RIE |
| T/T/S patients | Dr Heather Kerr  
Please email unless urgent  
Preferred email heather.kerr@nhs.net | Renal Registrar on-call via RIE switchboard |

- INRs should only be checked **WEEKLY** on a Monday or Tuesday unless there are clinical concerns (*eg: unusual bleeding at fistula site, prolonged nose bleeds, unusual extensive bruises, malaena etc*) or when instructed by a prescriber.
- Understanding the patient’s anticoagulation history is key to safe prescribing. Consistency in prescribing is **essential** and is best achieved by maintaining the same prescriber for all occasions as much as possible.
- If INR remains within target range please contact prescriber on the next working day. The patient should continue with his/her usual warfarin dose until further prescription advice is obtained.
- All enquiries to Renal Registrar on-call during the out-of-hours period or in the weekend **MUST** be done via the Nurse In-charge of the Dialysis Unit at the time. The on-call registrar should **NOT** be routinely contacted for warfarin prescriptions except in unsafe situations as below:
  - INR >4
  - Active bleeding
  - For subtherapeutic INRs in the following situations, the prescriber should be contacted for advice:
    - Patients with a metallic heart valve when INR is <2.0
    - Patients with lupus anticoagulant when INR is <1.5
    - Patients with venous thromboembolism (PE/DVT) when INR is <1.5
- Patients with stable INRs will require **less frequent monitoring**. They should continue their usual warfarin dose unless it is unsafe (as described above).
- Frequency of INR monitoring should be specified by the prescriber.
• Unnecessary INR monitoring and frequent dose changes will lead to erratic anticoagulation which may be harmful to the patient