Western General Hospital

Dialysis Unit

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**Prescribing Warfarin in the Outpatient Dialysis Unit**

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| DESIGNATED PRESCRIBERS for routine prescriptions | |  |
| 1st contact | 2nd contact | 3rd contact  *(out-of-hours or if 1st and 2nd contacts unavailable)* |
| M/W/F patients  Dr Caroline Whitworth  *Please email unless urgent*  T/T/S patients  Dr Heather Kerr  *Please email unless urgent* | Dr Sundeep Miya  Bleep 5221 at RIE | 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 essentialand 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 SpR 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