Telephone communication for resident on warfarin

Date: ______________ Time: ______________

Originator of call: __________________________ I am calling about warfarin patient <resident name>, one of Dr. <MD name>’s patients at <nursing home>.

The issue I am calling about (select from the following options) is:

- New INR Result
  - INR result: ___________

- Change in Condition
  - fall with potential injury
  - skin tear with potential complication
  - fever
  - ANY bleeding or bruising
  - other injury:
  - other medication issue:
  - abnormal UA test results
  - abnormal chest Xray results
  - other, specify:

- Fall without injury/Minor skin tear
  - fall
    - no injury noted
    - no bleeding/bruising
  - skin tear
    - no redness noted
    - no drainage
    - size: apx ___ cm

If calling for one of these situations, skip to the Recommended Action section

Last 2 INR test results

<table>
<thead>
<tr>
<th>INR Date</th>
<th>INR</th>
<th>Dosing Pattern</th>
<th>Date from</th>
<th>Date to</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Current _________</td>
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<td>Previous _________</td>
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</tbody>
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Indication for warfarin:
- AFIB
- DVT/PE
- MECHANICAL HEART VALVE
- OTHER ______

Other important medications the resident is taking (including past 3 days):

- antibiotics:
- NSAIDs (e.g. ibuprofen, motrin, piroxicam, indocin, meloxicam, etc):
- aspirin or Plavix (clopidogrel)

- No concerns

- I’m uncomfortable about this patient because:
  - high INR
  - bleeding/bruising
  - other
  - low INR

Say what you think would be helpful or needs to be done, which might include:

- No new orders needed

INR/Warfarin Recommendations
- Tell me if the warfarin dose should be changed or held
- Tell me when to repeat the INR
- In 3 days?
- In 7 days?
- Other?

Other Recommendations
- Tell me whether to order an antibiotic
  - If so, should we adjust the warfarin dose?
  - When should we schedule the next INR test?
- Tell me whether to order other tests
- Should we send the patient to the emergency department?

When do you want us to call again (or under what conditions)?

Response from MD or office
Who responded: __________________________ Date: ______________ Time: ______________

Signature __________________________________________ Date __________________________

SOURCE: Meyers Primary Care Institute (a joint endeavor of University of Massachusetts Medical School, Fallon Community Health Plan, and Fallon Clinic), Worcester, MA. July, 2010.