In June 2007, the Joint Commission (TJC) approved the National Patient Safety Goal 3E (NPSG 3E) on Anticoagulation. This goal aims to reduce the likelihood of patient harm associated with anticoagulation therapy. TJC has included elements of performance upon which each institution will be evaluated. One of the elements regarding warfarin anticoagulation therapy is shown below:

For patients starting on warfarin, a baseline International Normalized Ratio (INR) must be available. For all patients receiving warfarin therapy a current INR is available and is used to monitor and adjust therapy.

In order to comply with the performance standard on warfarin laboratory monitoring, the University Health System (UHS) Anticoagulation Safety Committee has created the following policy:

**Initiation**

- New orders for warfarin should include a baseline INR documented in the medical record within 48 hours prior to initiation.

- INR monitoring should begin after the 2nd dose, on days 3, 4, 5, and 6. Thereafter, INR should be drawn at least every-other-day until 2 consecutive therapeutic values are obtained. INRs should then be checked no less than twice weekly.

**Chronic Use**

Patients with stable INRs in therapeutic range, on a stable warfarin dose should have INRs checked upon admission and then at least twice weekly.

To aid compliance, the Anticoagulation Safety Committee has created a Sunrise Warfarin Order Set with pre-checked boxes for ordering INRs.

*For further information on warfarin indications, dosing, monitoring and therapeutic ranges see the “Warfarin Decision Support Document” posted on the Anticoagulation section of the UHS clinical intranet.*

*For outpatient INR monitoring policies see “Anticoagulation Clinic Policies and Procedures” posted on the Anticoagulation Section of the UHS clinical intranet.*

Reference: