

Anticoagulation Clinic

Subtherapeutic INR Letter to MD



PATIENT INFORMATION

Date: _____
Patient Name: _____
Date of Birth: _____
Ordering Practitioner: _____
Reason for anticoagulation: _____

MISSED DOSES

Your patient who is receiving anticoagulation therapy through the Salem Health Anticoagulation Clinic has had a treatment interruption of ____ days and has an INR of ____ today. We have advised the patient to resume warfarin per the Salem Health protocol. If you wish to provide additional therapies or instructions, please complete the bottom of this form.

SUBTHERAPEUTIC INR

Per the Salem Health protocol for anticoagulation, based on CHEST guidelines, we do not start LMWH injections after a single sub therapeutic INR. Today your patient INR was ____, and the established goal is _____. **If the next INR is also sub therapeutic we will not be starting LMWH unless directed by you to do so.**

Please Check One

- Continue to manage with warfarin only
- Start LMWH for subsequent subtherapeutic INR of ____ or less
- Standing order for LMWH for any subtherapeutic INR of ____ or less.

Signature (no signature stamps please)

Date

Time

Print Name

Phone: (____) _____ Fax: (____) _____