

**PHARMACY POLICY AND PROCEDURE MANUAL**  
**St. Mary's Medical Center**  
**Duluth, Minnesota**

**Policy No.**\_\_\_\_\_

**DEPARTMENT:** Pharmacy  
**SECTION:** Pharmacy Practice  
**SUBJECT:** Pharmacist Managed Warfarin Dosing

**PURPOSE:** To provide guidelines to SMMC inpatient pharmacists for independently dosing warfarin when delegated that authority by physicians

**POLICY/PROCEDURE:**

- I. Eligible patients
  - patients will be eligible for this program if a physician has written an order for "Warfarin Dosing Per Pharmacy," "warfarin per pharmacy," "warfarin monitoring per pharmacy" or any other similar order
  - if the pharmacist is unclear of the intent of the physician orders, they are to contact the physician for clarification
  
- II. Expectations of the pharmacist when an order for pharmacist managed warfarin order is received:
  1. Pharmacist will immediately assume the responsibility for assuring the patient's warfarin is dosed on a daily basis.
  2. Pharmacist will order baseline and daily INR levels under the authority of the Pharmacy and Therapeutics Committee if not already ordered.
  3. Pharmacist will utilize the Pharmacy and Therapeutics Committee approved "Anticoagulation Guidelines" for this service, but all final-dosing decisions will be based on the clinical judgement of the pharmacist. The pharmacist will seek physician input when needed.
  4. Pharmacist will always notify the original physician who consulted the pharmacy for warfarin management (or covering MD) when:
    - INR levels are > 6
    - Any time clinically significant signs of thrombosis or bleeding are being reported
    - Any time they need further clarification of the clinical status of the patient
  5. Pharmacists will be expected to review all anticoagulation needs of their patients and discuss untreated needs with the physician.
  6. If a physician writes an order for warfarin on a pharmacist managed patient without writing an order to resume dosing responsibility, the pharmacist is expected to contact the physician to clarify who is managing the warfarin therapy.

7. Pharmacist will fax a history of their inpatient warfarin dosing to the clinic responsible for the outpatient anticoagulation of the patient.
  8. Pharmacist will be responsible for writing discharge order for the patient's warfarin therapy up to the first outpatient INR check set by the physician.
- III. Expectations of the physician when delegating the authority to dose warfarin to the pharmacy.
1. Physician will maintain all ability to order warfarin if desired, however, they will be expected to write an order such as "Physician to manage/dose warfarin therapy" to indicate to the pharmacist that they are resuming dosing responsibility if previously delegated to the pharmacist.
  2. Physician is still responsible for the overall anticoagulation needs of the patient, however, the pharmacist will assist the physician in this regard.
  3. Physician should speak with the pharmacist anytime they are concerned with how the pharmacist is managing warfarin therapy for a patient.
  4. Physician is expected to relate (verbal or progress note) to the pharmacist any pressing clinical concerns they have that could contribute to the pharmacist's clinical decision making.
  5. Physician will be responsible for ordering the first outpatient INR, but the pharmacist will be responsible for dosing the warfarin up to that visit.

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