

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Clinical Practice Guidelines

POLICY # CP-14

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SUBJECT: Oral Anticoagulation

EFFECTIVE DATE: January 2012

SUPERCEDES DATE: October 2007

PURPOSE

To assure that DOP inmates on oral anticoagulation therapy are receiving high quality care for their condition.

POLICY

All DOP Primary Care Providers and Chronic Disease Nurses are to follow these guidelines when treating inmates with this chronic disease. Deviations from these guidelines are permissible only on a case by case basis. When deviations are made they must be clearly documented in the medical record along with a clear explanation of the rationale for the deviation.

PROCEDURE

ORAL ANTICOAGULATION THERAPY

1. Patients on oral anticoagulation therapy should be maintained in one of the following ranges depending on their indication for anticoagulation:
 - Normal – INR of 2.0 to 3.0
 - High – INR of 2.5 to 3.5
2. The Problem List should indicate that the patient is on anticoagulation therapy and which range (normal or high) is to be maintained.
3. INR and Prothrombin time at a *minimum* is to be checked:
 - Weekly for the first month after therapy is instituted
 - Monthly thereafter
4. Prescriptions for oral anticoagulants will be for no more than 30 days and they should not be reordered unless a Prothrombin time has been drawn. However if the patient's INR has been stable in the appropriate therapeutic range for at least 3 months the oral anticoagulants may be reordered for 90 days. The prothrombin time must continue to be checked every month.



1/31/12

Paula Y. Smith, MD, Director of Health Services Date

SOR: Deputy Medical Director