

Management of INR result

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1.0 PURPOSE AND SCOPE

To outline the procedures for the transfer of INR results from Community Nurses to the relevant GP practice, for dosing e.g. on INRStar software, and relaying of the calculated warfarin dose back to the patient.

2.0 RESPONSIBILITY

It is the responsibility of the local management team to ensure that the content of this document is applied to the performance of this test in order to ensure best practice, quality of results and health and safety.

All suitably trained staff are responsible for complying with the guidance set out in this document and other relevant Trust policies and procedures.

It is the responsibility of the device owners to ensure the equipment is demonstrably fit for purpose.

All staff must adhere to incident reporting procedures.

3.0 REFERENCES

MHRA DB2010(02) Management and Use of IVD (In Vitro Diagnostics) Point of Care Test Devices.

BS EN ISO 22870:2006 Point of care testing- Requirements for quality and competence.

POC-SOP-14 Coaguchek XS.

POC-SOP-23 Coaguchek XS Plus.

4.0 DOCUMENTATION

The master copy of this document is held on the Pathology Laboratory document control system, to ensure compliance with accreditation standards, consequently it must not be amended without reference to either the Point of Care Team in Pathology.

5.0 ACTIONS

- 5.1 The Community Nursing Team will obtain the patient's INR result using a suitably checked device e.g. Coaguchek XS/Plus as described in the SOP.
- 5.2 The staff member will record the INR result numerically and in words, in the individual's care plan and their INR Patient Record Sheet (see appendix). If the person being tested is using a yellow INR record book it can also be noted in this.
- 5.3 The staff member will record if the patient has missed any doses in the last seven days, if they have commenced any new medication or had any changes to diet or routine. This information will be recorded in the individual's care plan and their INR Patient Record Sheet.
- 5.4 The staff member will return the INR Patient Record Sheet to the GP Practice.

- 5.5 The GP Practice team will enter the details recorded by the Community Nursing team into the INR Star as usual. The dose and date of the next test should be recorded on the INR Patient Record Sheet and the completed sheet should be passed back to the Community Nursing team.
- 5.6 The GP Practice team will then be responsible for contacting the patient with their dose and date of next test.
- 5.7 If a venous sample has been sent to the lab for testing because the patients INR was > 4.0 , the Practice will receive the result electronically or contact the lab to obtain it. This information will be entered onto the INR Patient Record Sheet and entered into INR Star in the usual way. Steps 5.5 and 5.6 will then be followed.

6.0

INR Record Sheet

(Fill in details below or attach label)

Name: NHS Num:..... DOB: /...../.....

Address:..... Postcode:

| Date | INR Result | Strip lot | Confirm taking correct dose | Any missed dose in last 7 days | Medication ,diet or other changes since last test | Bruising/ Bleeding | Person performing test – Box 1 Dosing performed by – Box 2 |
|----------|------------|-------------------|-----------------------------|---------------------------------|---|--------------------|---|
| | | | | | | | (1) Print:..... Sign:..... Job title:..... |
| New dose | | Date of next test | | Comments/Additional information | | | (2) Print:..... Sign:..... Job title:..... |
| | | | | | | | |
| Date | INR Result | Strip lot | Confirm taking correct dose | Any missed dose in last 7 days | Medication ,diet or other changes since last test | Bruising/ Bleeding | Person performing test – Box 1 Dosing performed by – Box 2 |
| | | | | | | | (1) Print:..... Sign:..... Job title:..... |
| New dose | | Date of next test | | Comments/Additional information | | | (2) Print:..... Sign:..... Job title:..... |
| | | | | | | | |
| Date | INR Result | Strip lot | Confirm taking correct dose | Any missed dose in last 7 days | Medication ,diet or other changes since last test | Bruising/ Bleeding | Person performing test – Box 1 Dosing performed by – Box 2 |
| | | | | | | | (1) Print:..... Sign:..... Job title:..... |
| New dose | | Date of next test | | Comments/Additional information | | | (2) Print:..... Sign:..... Job title:..... |
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