IMPLEMENTATION OF INPATIENT ANTICOAGULATION GUIDELINES AND PHARMACIST-MANAGED WARFARIN THERAPY IN A UNIVERSITY TEACHING HOSPITAL (B4),
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Anticoagulation therapy presents risks to patients and may lead to adverse drug events due to complexity of dosing, drug interactions, contraindications, monitoring, and follow up. The most commonly cited anticoagulants in medication error reports are unfractionated heparin, warfarin, and enoxaparin. Anticoagulation guidelines were implemented in a 520-bed university teaching hospital in compliance with the 2009 Joint Commission National Patient Safety Goal 3.05.01, to promote safe and effective use of anticoagulants. The objective of this study is to evaluate the implementation of inpatient anticoagulation guidelines and the safety and efficacy of physician-managed and pharmacist-managed warfarin therapy. A retrospective study evaluated data prior to and following initiation of anticoagulant guidelines. To monitor adherence to warfarin anticoagulation guidelines, the primary endpoints evaluated were baseline INR, average time to therapeutic INR, and length of stay before and after implementation of guidelines. Secondary endpoints include number of adverse events, such as INR greater than four, bleeding occurrences, administration of vitamin K, and thromboembolic events before and after implementation of guidelines. Physician-managed and pharmacist-managed warfarin therapy will be compared for time to therapeutic

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INR, length of stay, INR greater than four, bleeding occurrences, administration of vitamin K, and thromboembolic events. Results and conclusions will be presented.

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