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INSTITUTING A STANDARDIZED GUIDELINE FOR PHARMACISTS MANAGING WARFARIN (B4), Risik Rask, Brent Albertson. Sacred Heart Medical Center, Spokane, WA, (Risik.Rask@providence.org) IRB not needed.

Anticoagulation with warfarin is a high-risk therapy that commonly leads to adverse drug events. Part of the expectation of the Joint Commission is for providers of anticoagulation to implement a program that individualizes the care of each patient on warfarin. Recently there has been a national trend toward a guideline approach that is a simplified nomogram and allows the use of clinical judgment in dosing. The goal of this protocol is to modernize the current inpatient warfarin program at Sacred Heart Medical Center to match this trend. A pre-printed routine order set was developed to provide a means for practitioners to activate the “Warfarin Dosing per Pharmacy” protocol as well as ensure proper laboratory monitoring. An updated Warfarin Dosing per Pharmacy protocol was also developed. The protocol includes a guideline, which utilizes a 5 mg starting dose rather than 10 mg in order to prevent warfarin related adverse drug events. The effectiveness and utilization of the new protocol will be evaluated based on the number of consults pharmacists receive, time to therapeutic INR, and how often the pharmacist had to use his/her clinical judgment and dose warfarin outside of the guideline. Safety will also be looked at based on INR, bleeding, development of new thrombus, and vitamin K utilization. Details related to the warfarin program will be further discussed.