CMA Downtown

STANDARD OPERATING PROCEDURE

EFFECTIVE DATE: July 9, 2008

REVISION DATE: September 1, 2008

SUBJECT: Lab Requirements for Anticoagulation Clinic Patients

PURPOSE: Provide Guidelines Laboratory Needs of Anticoagulation Clinic Patients

RESPONSIBILITY: All Anticoagulation Clinic Staff

PROCEDURE:

1. New clinic patients will have CBC and INR done via venous blood drawn 24 hours prior to the first visit. Any patient not fully under category 2 below will also have finger stick PC done at the time of the first visit. The provider will assess the concordance of the two results and indicate in the plan if the patient is to be transitioned to finger stick POC or remain an INR lab draw. The patient will be reassessed for finger stick POC upon order of the provider. All patient requiring a lab draw will have the lab order put into Sunrise by the provider.

2. Patients with a diagnosis of Apliprophospholipid Antibody Syndrome, Lupus Anticoagulant, patients taking Lovenox (enoxaparin), and any patient with a HCT less than 30 will ALWAYS have their INR collection performed per venous specimen.

3. Any patient with fingerstick INRatio reading = or > 5 will have a stat venous specimen drawn for INR by the clinic nursing staff and taken immediately to the laboratory.
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