INR testing for out-patients on warfarin during COVID-19 restrictions

Patients on oral anticoagulation with warfarin require regular INR testing which can be problematic at a time when we are trying to minimise visits to hospitals, GP surgeries and other testing facilities. This monitoring is an essential component of safe anticoagulation that cannot be omitted due to social distancing. The following steps can be taken to minimise these visits.

1) Assess whether a direct oral anticoagulant (DOAC) that does not require monitoring can be used instead of warfarin. Note that antiplatelet therapy is not an effective alternative to anticoagulation. The following are examples of situations when warfarin should not be replaced by a DOAC:
    a) Heart valves
    b) Antiphospholipid antibody syndrome (see recent updated BSH guidance)
    c) Renal failure
    d) Patients requiring a higher than standard INR range of 2.0 – 3.0
    e) Concomitant use of other medications that interact with DOACs

    This list is not exhaustive and there may be other reasons why a patient cannot be switched. *Please be aware that the anticoagulation service may be overwhelmed with enquires at the moment so this may not be possible immediately.*

2) Patients who are stably anticoagulated on warfarin with a time-in-therapeutic range of >60% can generally have long INR test intervals of 8 weeks or in some cases longer.

3) Patient contact and the time spent in anticoagulant clinics should be minimised. Patients should attend for the test only and receive the INR and dosing instructions by phone if this cannot be done immediately.

Patients in self-isolation because of possible COVID-19 exposure who are stably anticoagulated and would be due a routine test, can usually have the test safely postponed until after the period of isolation.

From the BSH Haemostasis and Thrombosis Task Force, 26-03-2020