




E – Z Guide for Optimizing Warfarin Management

1. Use the AMS icon  in CAS, LMR and OnCall. This indicates if a patient is an AMS patient. Click on the icon to open a new window displaying pertinent information, eg. pill size, INR target range, primary nurse name as well as hyperlinks for email or page.
2. Use only a single pill strength. AMS individualizes weekly dose by using multiples or halves of same strength pill.
3. Before writing a new prescription for warfarin, check the AMS icon and use same pill strength displayed here; indicate dose “per AMS”. Do NOT change pill strength without consulting AMS. Do NOT provide new prescriptions for existing AMS patients at hospital discharge.
4. AMS provides dose instruction using ‘pills per day’ NOT ‘mg per day’, based on prescribed pill strength.
5. Be wary of many drug interactions (Inform AMS via email or page when writing new prescriptions – notorious interacting drugs include: amiodarone, bactrim, miconazole, levofloxacin, tegretol, acetaminophen (at high doses), etc.
6. Efficient communication to AMS can be done using email. The AMS Mailbox (mghams@partners.org) is monitored 7/days week, 8 am – 4:30 pm. Use search term “anticoag” in MS Outlook.
7. Have a question about referring a patient to AMS? Fast response to Beeper 30103 by a nurse 7/days week, 8 am – 4:30 pm. Use search term “anticoag” in Partner’s Directory.
8. Easy referral process to AMS for inpatients by using the POE Consult feature.
9. A paper referral for out-patient referrals is available online: <http://ccmu.massgeneral.org/pathways/> and click on Anticoagulation Management Services under Pathways. This referral can also be accessed from the Partner’s Handbook under Forms and Documents.
10. Confirmation of continuing/discontinuing warfarin therapy requires an annual therapy review for all AMS patients. This is sent via email to the physician who prescribes warfarin and collaborates with AMS around warfarin management.
11. Compliance with warfarin therapy is important and challenging. AMS uses a robust patient tracking process to remind patients of missed lab tests and inform them of the consequences if repeatedly miss tests. Physician support and collaboration is needed for non-compliant patients.
12. An Interruption to warfarin therapy requires careful coordination with AMS and evaluation of potential need for a LMWH bridge.