**DEMONSTRATE YOUR SKILL**

There now follows a set of clinical scenarios, reflecting an anticoagulation consultation. Please answer the questions for each scenario.

**Scenario 1**

**Patient GH**

**Reason for anticoagulation: AF**

**Target INR range: 2.0 – 3.0**

**Date INR Test Drug dose Monitoring interval**

 **(days**)

24th August 3.0 3.5 14

9th September 2.5 3.5 28

8th October 2.4 3.5 42

17th November 2.7 3.5 56

## GH sees you on 12th January (i.e. 56 days after last appointment), INR result returned at 2.3.

1. For this scenario, please indicate the dose and interval (in days) that you would advise for the patient.

**Scenario 2**

**Patient MW**

**Reason for anticoagulation: Previous CVA and AF**

**Target INR range: 2.0 – 3.0**

**Date INR Test Drug dose Monitoring interval**

 **(days)**

1st September 2.9 5.0 14

15th September 3.0 5.0 28

13th October 2.6 5.0 35

1st December 3.0 5.0 42

## MW sees you on 13th January (i.e. 42 days after last appointment), INR result returned at 2.6

1. For this scenario, please indicate the dose and interval (in days) that you would advise for the patient.

**Scenario 3**

**Patient DK**

**Reason for anticoagulation: Recurrent DVT**

**Target INR range: 2.0 – 3.0**

**Date INR Test Drug dose Monitoring interval**

 **(days)**

16th September 1.9 3.5 14

27th September 2.5 4.0 28

21st October 2.3 4.0 42

25th November 2.0 4.0 42

DK sees you on 13th January (i.e. 42 days after the last appointment), INR result returned at 4.1.

1. What questions would you need to ask DK before providing dosing advice?

On discussion with DK, you are told that she is taking clarithromycin for treatment of chest infection (patient is 6 days into a one-week course and will be completing this in 1 days time).

2. When administered to a warfarin patient, what is the effect of clarithromycin on the INR?

3. For this scenario, please indicate the dose and interval (in days), you would advise for the patient.

**Scenario 4**

**Patient JN**

**Reason for anticoagulation: AF and TIA**

**Target INR range: 2.0 – 3.0**

**Date INR Test Drug dose Monitoring interval**

 **(days)**

22nd September 3.0 4.0 14

6th October 2.4 4.0 28

3rd November 1.9 4.0 14

17th November 1.9 4.0 14

JN sees you on the 1st December (i.e. 14 days after the last appointment), INR result returned at 1.3.

1. What questions would you need to ask DK before providing dosing advice?

One week ago, JN tell you that she had been advised by the respiratory consultant to start taking TB treatment. One of the drugs is rifampicin.

2. When administered to a warfarin patient, what is the effect of rifampicin on the INR?

3. For this scenario, please indicate what dose and interval in days, you would advise for the patient.

**Scenario 5**

**Patient SH.**

**Reason for anticoagulation: Recurrent DVT**

**Target INR range: 3.0 – 4.0**

**Date INR Test Drug dose Monitoring interval (days)**

28th September 2.8 4.5 28

26th October 2.9 4.5 21

16th November 4.3 3.5 7

23rd November 3.3 3.5 35

SH sees you on 28th December (i.e. 35 days after the last appointment), INR result returns at 4.6.

On discussion with VH, she informs you that she was prescribed allopurinol to manage her gout. This was started 2 weeks ago.

1. For this scenario, please indicate what dose and interval you would advise for the patient.
2. When administered to a warfarin patient, what is the effect of allopurinol on the INR?

VH has suffered a nosebleed (lasting 5 minutes) for two consecutive days, and is concerned that the warfarin is responsible for this.

1. What advice would you give to SH about managing her nosebleeds?
2. If the nosebleeds recur and last for more than half an hour, describe what you would do to manage this patient?

**Scenario 6**

**Patient JI**

**Reason for anticoagulation: AF and Cardiomyopathy**

**Target INR range: 2.0 – 3.0**

**Date INR Test Drug dose Monitoring interval (days)**

4th September 7.7 0.0 3.0

7th September 4.6 6.0 5.0

14th September 1.5 7.0 7.0

21st September 3.7 6.0 7.0

On 28th September, INR result returns at 7.9.

JI is partial to a ‘few pints of lager’ on the weekend with his friends.

He is unaware of the problem associated with warfarin and alcohol and on discussion with him, does not perceive this to be an issue.

He admits to noticing some bruising to his thighs and has had two nosebleeds in the last week.

1. For this scenario, please indicate what dose and interval you would advise for the patient.
2. What is the maximum recommended no. of units of alcohol per day in alcohol?
3. How would you advise JI about the hazards of excess alcohol whilst taking warfarin?

**Scenario 7**

**Patient SW.**

**Reason for anticoagulation: Recurrent DVT**

**Target INR range: 3.0 – 4.0**

**Date INR Test Drug dose Monitoring interval (days)**

28th September 3.2 4.5 28.0

26th October 2.9 4.5 28.0

23rd November 3.7 4.5 28.0

22nd December 3.3 4.5 28.0

On 19th January 200, INR result returns at 1.5.

For her new year’s resolution, SW has decided on a healthier lifestyle and is eating more sensibly to lose weight; ‘ less meat and more vegetables.’

1. For this scenario, please indicate what dose and interval you would advise for the patient.
2. What advice would you give SW concerning her new diet?

**Scenario 8**

**Patient AB**

**Reason for anticoagulation: PE**

**Target INR range: 2.0 – 3.0**

**Date INR Test Drug dose Monitoring interval (days)**

28th September 2.8 14.5 28.0 days

28th October 2.9 14.5 42.0

9th December 5.0 13.5 7.0

16th December 3.3 13.5 28.0

On 13th January, INR result returns at 5.5.

On discussion with AB, you cannot determine a reason for his elevated INR.

1. For this scenario, please indicate what dose and interval you would advise for the patient.

**Scenario 9**

**Patient PB**

**Reason for anticoagulation: Mechanical MVR**

**Target INR range: 3.0 – 4.0**

**Date INR Test Drug dose Monitoring interval (days)**

18th November 4.6 5.0 14.0 days

2nd December 4.6 5.0 7.0

9th December 4.8 4.0 7.0

16th December 2.0 4.5 7.0

23rd December 2.2 4.5 7.0

PB is known to be sensitive to small changes in his warfarin dose.

On 23rd December INR result returned at 2.2. PB was advised to take 6mg for ONE day (loading dose), then continue taking 4mg/5mg on alternate days for a week.

On 30th December INR result returns at 2.6. On discussion with PB, you cannot determine any reasons for why his INR is low.

1. For this scenario, please indicate what dose and interval you would advise for the patient.