Should you self monitor your INR?

You could be monitoring your INR if you can answer *yes* to most of the following questions:

- Have you been prescribed warfarin on a long term basis?
- Do you feel confident in managing your medicines?
- Would you like to take greater control of your INR monitoring?
- Would you find it more convenient to manage your INR monitoring at home?
- Do you (or your carer) find it easy to follow your doctor's recommendations?
- Would you (or your carer) be able to take a simple finger prick blood sample?
- Are you motivated and committed to monitoring your own INR?

People who take warfarin may be at risk of blood clots or bleeding if their INR is not controlled properly. Many things can affect INR control including diet, illness and the use of other medications. Blood tests to check INR levels are required at regular intervals during the time you are taking warfarin therapy. The blood tests are usually analysed in a hospital laboratory or by a portable INR monitor at a hospital, doctor's surgery or community pharmacy.

Your anticoagulation clinic will determine how frequently you need your blood tested. Self monitoring may reduce the amount of time you need to go to some of these locations.

Benefits and requirements

What are the benefits of self monitoring?
With a coagulometer, you will be able to monitor yourself at home or elsewhere rather than to travel to the anticoagulation clinic as often. Your results will still be seen and assessed by the anticoagulation staff. You will still have access to the anticoagulation clinic via telephone, text or email if you have any queries or require advice. You can take your coagulometer with you when you go on holiday, as long as you can contact your anticoagulation clinic to inform them of any INR results which are due while you are away.

Is self monitoring as good as attending an anticoagulation clinic?
Studies have shown that people self monitoring their own oral anticoagulation therapy can maintain better control of their INR. This can result in fewer blood clots and bleeding events than are seen in those who visit anticoagulation clinics as their only form of monitoring.

If you wish to be considered for self monitoring, please contact your anticoagulation clinic to discuss the possibility.

You will be required to acquire a coagulometer to enroll in this programme. You should seek advice from your anticoagulant healthcare professional before making a purchase.

Am I suitable for self monitoring?
There are a number of criteria that you will need to meet to be eligible for self monitoring. People who wish to do this must want to do so and must understand the seriousness of taking on this role. There are no upper age limits.
You will need to be able to operate the coagulometer effectively and must have reasonable eyesight, or have a relative or carer who can assist you with this. You will be supported by the anticoagulation clinic, but you need to feel confident and want to take an active part in your own healthcare. A preliminary assessment will take place in a clinic to determine your suitability for this scheme.

How is my information used or shared? The INR results provided and the discussions you have with the clinic will be documented on your electronic patient record held within the anticoagulation clinic. Only approved anticoagulation staff can see the information you have provided. The information you provide will be used to decide on your next warfarin dose. Your clinic may share information with your GP as necessary.

What will happen if I forget to test my blood?
It is your responsibility to contact the anticoagulation clinic with the INR result. If you forget to test your blood or contact the clinic at the agreed time, the anticoagulation clinic will get in touch and remind you to retest.

What is involved in self monitoring?

You will be shown how to monitor your own INR using a coagulometer. To check your INR, a small drop of blood from your finger will be used with the coagulometer. Once the INR has been measured, you need to let your health professional know the result (by phone, email or text). They will then assess the result and decide whether a change to your dose is needed. In some instances, if an out of range INR is recorded the anticoagulation clinic will ask you to attend for a confirmatory venous INR sample.

You will be required to attend 6 monthly to the clinic for venous INR checks to ensure reliability of the coagulometer and if your INR is less than 2 (or less than 1.5 if INR range is 1.5-2.5) or over 5.

When self monitoring starts, you will be advised when to test your INR and how to communicate your INR result to the anticoagulation clinic. You may also be asked about your medications and general health. Your INR result will be recorded and you will be advised what dose of warfarin you should next take. You will also be advised when you should test your INR again. You can record this information in your yellow anticoagulation book.

Coagulometers for personal use provide similar accuracy to a laboratory test. To maintain the accuracy of your monitor remains you will have to attend an appointment every six months, where the coagulometer results will be compared with the clinic's equipment.

If there is a significant difference between the results, the coagulometer will be sent to the manufacturer for further testing. Arrangements will be put in place for monitoring whilst your coagulometer is with the manufacturer.

Further information

Anticoagulation Europe (ACE)
www.anticoagulationeurope.org
(*Publications*)

Heart Rhythm Alliance
www.heartrhythmalliance.org
(*Patient resources)*

Your anticoagulation clinic contact details:

Self monitoring for people taking warfarin

What is self monitoring?

Coagulators are used to monitor blood clotting using a standardised number called the International Normalised Ratio (INR) in people taking warfarin therapy.

Monitoring INR can help people to reduce their risk of blood clots.

Cover image source: CoaguChek INRange

This document has been adapted for use in SEL from a previous London wide leaflet. The leaflet has been updated by the SEL Cardiovascular Medicines Working Group, a subgroup of the SEL Integrated Medicines Optimisation Committee (IMOC).
The leaflet has been approved by the SEL IMOC.
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