Developing an Anticoagulation Clinic/Service

1. What medication is responsible for the most Emergency Department visits?
   a. digoxin
   b. azithromycin
   c. warfarin
   d. amoxicillin

2. What characteristics are essential when selecting a Medical Director for your Anticoagulation Services?
   a. extensive knowledge base
   b. approachable and willing to work in an interdisciplinary fashion
   c. willing to accord the time necessary to review patient cases and to develop and reassess protocols
   d. available during clinic hours
   e. all of the above

3. Garwood and colleagues reported:
   a. consistent INR control with no increase in adverse events when stable Anticoagulation Clinic patients were referred back to usual medical care
   b. better control of INR with and increase in adverse events when stable Anticoagulation Clinic patients were referred back to usual medical care
   c. a substantial deterioration in INR control and a worsening of event rates when stable Anticoagulation Clinic patients were referred back to usual medical care
   d. none of the above

4. When marketing your service to the medical staff, what is the benefit of transitioning patients from usual care to a clinic?
   a. Pharmacist know more than physicians
   b. Physician practices will lose money because they charge for their present services
   c. Patients managed through an AC spend more time in therapeutic range
   d. Education provide too much information for the patients

5. Which is not a strong contraindication to anticoagulation therapy with warfarin?
   a. Glucocorticoid therapy
   b. Recent major bleeding event
   c. Hemorrhagic diathesis
   d. Pregnancy

6. In which indication is the targeted INR 2.5 – 3.5?
   a. Atrial fibrillation
   b. Thromboembolic event on lower intensity anticoagulation
   c. Thrombophilia hypercoaguable state
d. First episode of thromboemoblic event

7. A patient reports that he has had diarrhea for the past three days. The diarrhea has abated. There are no signs or symptoms of bleeding. An INR test is performed and the INR is 5.3. What is the appropriate treatment for the patient?
   a. admit the patient to the hospital and administer FFP and IV vitamin K
   b. Hold warfarin and monitor INR daily until INR is in the therapeutic range and restart the warfarin at previous therapeutic dose
   c. Oral vitamin K 5 mg
   d. Discontinue warfarin and start aspirin when INR is < 2

8. What medication(s) interact with warfarin to dramatically elevate the INR?
   a. fluconazole
   b. metronidazole
   c. penicillin
   d. A and B
   e. B and C

9. What variables would result in an elevated INR?
   a. spinach, dexamethasone and drinking less cranberry juice
   b. consuming alcohol and diarrhea
   c. Ensure, Boost or Carnation Instant Breakfast
   d. Pasta and chicken

10. What questions should be asked of a patient with a subconjunctival hemorrhage
    a. Is there vision impairment?
    b. Has there been trauma?
    c. Is there pain?
    d. Is there external bleeding?
    e. All of the above

11. What is the acceptable staff ratio: number of visits per month in an Anticoagulation Clinic?
    a. 1:150
    b. 1:300
    c. 1:750
    d. 1:1500

12. Which medication when added to the warfarin patient’s drug regimen with decrease the INR?
    a. amiodarone
    b. rifampin
    c. quinidine
    d. fluconazole
13. Which patients require “bridging therapy” while undergoing a procedure?
   a. all atrial fibrillation patients
   b. a cancer patients with a thromboembolic event within the past 30 days
   c. patients where the risk assessment has demonstrated the risk of bleeding is much greater than the risk of a thromboembolic event
   d. Patients with no thromboembolic event with the past three months with a single thromboembolic event

14. What variables need to be included in initially funding an Anticoagulation Clinic?
   a. personnel (secretary/receptionist, practitioners, medical director)
   b. computer system to document patient interactions
   c. Point of care devices and disposable equipment required for testing
   d. All of the above

15. If a patient should miss a dose of warfarin, what is the appropriate action?
   a. Double the next dose of warfarin
   b. Discontinue warfarin
   c. If patient remembers the dose prior to bedtime take the dose, if not skip the dose and resume usual dose of warfarin
   d. Take aspirin 325mg to prevent clotting