



Pathology and Laboratory Medicine Memorandum

To: NSHA Physicians, Health Service Directors, Nova Scotia Laboratories
From: Program of Pathology and Laboratory Medicine
Date: July 19, 2019
Subject: Use of Point of Care Testing (POCT) for INR

The following are recommendations for the use of POCT for INR which align with guidelines from Thrombosis Canada and the American College of Chest Physicians:

- POCT INR has an acceptable accuracy for specific circumstances when on-site laboratory INR testing is unavailable. POCT may also apply when the patient is engaged in an educated process of patient self-management or patient self-testing.
- Thrombosis Canada identifies three approaches to POCT based INR and warfarin management:
 - **POCT INR within a clinical setting** where patients receive immediate INR results and instructions on drug dosage by the health professional.
 - **Patient self-management** in which the patient self-tests using the POCT device and also self-adjusts the dose of the warfarin using predetermined dosing instructions combined with their own accumulated experience.
 - **Patient self-testing** in which the patient self-tests using the POCT device and then calls a clinician for advice on how to adjust the dose of the warfarin.
- Devices used for patient self-testing and/or self-management are not under the jurisdiction of NSHA laboratories. It is up to the health professional to determine the validity and scope of their use by their patient.
- In general the difference between POC devices and in-lab values are within 15%, which is deemed acceptable for the scenarios above. POCT INR results may be less accurate when INR is elevated (>3.5).
- **POCT INR should not be routinely used in the setting of acute bleeding or as part of a massive transfusion protocol.**
- POCT INR may have utility in the context of stroke protocols.

If you have any questions, please contact Dr. Jason Quinn at 902-473-8401 or Jason.quinn@nshealth.ca