

Anticoagulant Safety Audit 2021/2022 Summary Sheet

For all patients on anticoagulants;

Warfarin, Apixaban, Dabigatran, Edoxaban, Rivaroxaban, Acenocoumarol and Phenindione

Section 1 - Patient Details

1) Date (Must be before 25th February 2022)



2) Age



3) Gender



MALE / FEMALE

4) Is the patient a care home resident?



YES / NO

5) Name of anticoagulation medication



6) Is the anticoagulant supplied in a monitored dosage system/ compliance aid?



YES / NO

If yes, need to state whether there is only one or multiple medications per blister/ compartment.



7) Is the patient prescribed more than one anticoagulant?



YES / NO

If yes, name the anticoagulant and write down what action was taken and thereafter, what the outcome was.

(Remind the patient if switching anticoagulation treatments, return unwanted medication to Pharmacy)



8) Is the patient prescribed an oral NSAID as well as the anticoagulant?

*** DOES NOT include low dose aspirin (300mg or less per day) → this needs to be written in Q9!! ***



If yes, patient needs to understand that it is advisable to avoid the combination of both if possible.



If yes, ask if they have contacted the prescriber about the combination use of both anticoagulant with NSAID and record one of the outcomes below:

- Prescriber discontinued one or both
- Prescriber confirmed both are required
- Other action taken by prescriber
- Prescriber not been contacted



Is patient also prescribed GI protection? (H2 receptor antagonist or a PPI)?



YES / NO

9) Is patient prescribed an antiplatelet alongside the anticoagulant?



If yes, Is the patient also prescribed GI Protection? (H2 receptor antagonist or a PPI)?

YES / NO

*** GI protection should always be considered and offered on combination therapy (anticoagulant + antiplatelet) ***



10) Please state how the conversation took place and with whom:

- Patient / Representative
- Face to face / Telephone / email

Section 2 - Patient Feedback

For Q11-Q14: pick from the following options:

A) Yes

B) No, information provided

C) No, information not provided

11) Was the patient already aware that they are taking an anticoagulant? i.e. a medicine to thin the blood/prevent blood clots?

A / B / C

12) Did the patient already know the symptoms of over-anticoagulation e.g. unexplained bruising, nose bleeds?

A / B / C

13) Was the patient already aware of the need to check with the doctor or pharmacist before taking over-the-counter medicines, herbal products or supplements?

A / B / C

14) * only answer if a patient is taking Warfarin, Acenocoumarol or Phenindione*****

Is the patient already aware that dietary change can affect their anticoagulant medicine?

A / B / C

15) Has the pharmacy team seen the patient's standard yellow anticoagulant alert card?

YES / NO

Section 3 - only patients who are prescribed Vitamin K Antagonists

(Warfarin, Acenocoumarol and Phenindione)

16) Did you find out when the patient last had an INR test before issuing the medication?



YES / NO

If yes, how did you find out this information? (from patient, patient representative, GP surgery, anticoagulant service etc)



How long ago was the INR test?

Section 4 - FOR ALL PATIENTS

17) Give anonymous details of any other referrals or action taken about anticoagulant safety issues such as INR concerns or any potential drug interactions.