Anticoagulant Safety Audit 2021/2022 Summary Sheet

For all patients on anticoagulants;

Pharmacy)

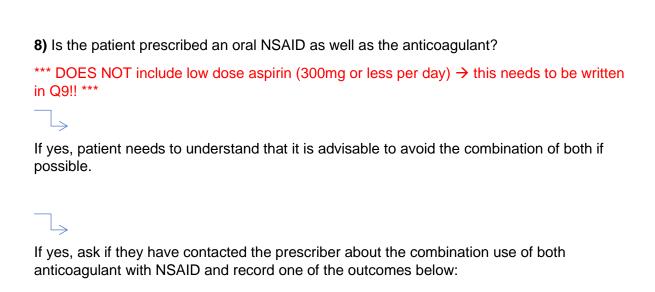
1) Date (Must be before 25th February 2022)

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

Section 1 - Patient Details

2) Age	
3) Gender	
\	MALE / FEMALE
4) Is the patient	a care home resident?
\	YES / NO
5) Name of anti	coagulation medication
\	
6) Is the anticoa	agulant supplied in a monitored dosage system/ compliance aid?
	YES / NO
If yes, need to so compartment.	state whether there is only one or multiple medications per blister/
\downarrow	
7) Is the patient	prescribed more than one anticoagulant?
	YES / NO
If yes, name the	e anticoagulant and write down what action was taken and thereafter, what as.

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



- 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:
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- 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 ou	t when the pa	itient last had	an INR test	before issuing t	the
medicat	ion?					

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.