

# Warfarin Administration Record Sheet

The National Patient Safety Agency (NPSA) recommends that care homes have written safe procedures for the administration of warfarin and other anticoagulants. To use these medicines safely the dose needs to be reviewed and adjusted (if necessary) to maintain the desired effect and reduce side effects. Under treatment can result in thrombosis (clotting) which can be life threatening, equally over anticoagulation can result in haemorrhage (bleeding) which can be fatal and outweigh the benefits of preventing the thrombosis.

## What are the problems with the use of warfarin?

Like all medicines, anticoagulants have side effects. The most common side effect of anticoagulants is bleeding. The resident's GP must be contacted immediately if they experience any of the following:

- nose bleeds that last more than 10 minutes
- blood in vomit or sputum
- passing blood in urine or faeces
- passing black coloured faeces
- severe or spontaneous bruising
- unusual headaches.

Residents should not drink cranberry juice, grapefruit juice or pomegranate juice while they're taking warfarin as it can increase the blood-thinning effect of warfarin.

## Yellow Book

Residents who take warfarin are issued with a yellow book. This contains information such as: when their last blood test was, their INR result, their current dose, and the date of their next blood test. It is important that the yellow book goes with the blood sample to the anticoagulation clinic or with resident when they attend appointments at the anticoagulation clinic, and if they go into hospital.

It is good practice to photocopy the yellow book when it is returned from the anticoagulation clinic to provide confirmation of the dose should the book have to be removed or is mislaid.

## Blood tests

Blood sent to the lab should be tested within 24 hours and a resident should continue the current dose pattern until the new dose is received. **There should be a process in place to follow up results if they have not been received within 3 days.** Where an urgent change of dose is required, this will be communicated by telephone on the day the sample is analysed in the lab. The telephone advice will be followed up by written confirmation, e.g. in the yellow book.

When the yellow book is returned from the anticoagulation clinic, a process should be in place to diarise when the next blood test is due.

## **Documentation**

It is considered best practice to record warfarin administrations on a warfarin administration sheet, due to the frequency of changes in dose. A Registered Nurse or Senior Care Assistant should update the warfarin administration record each time the person's dose changes. As it is a handwritten document it should be checked and countersigned by a trained second member of staff for accuracy.

Coventry and Warwickshire CCG have adopted a local policy of using only 1 mg (Brown) and 3mg (Blue) tablets (to avoid confusion around the use of 500 micrograms and 5mg tablets).

**Administration of warfarin should only be documented in one place to avoid confusion or ambiguity.** The original MAR chart should state 'see warfarin administration chart'. An example of a Warfarin administration record sheet is included.

## **Administration**

Warfarin should always be administered from original packs and should not be included in Monitored Dosage Systems.

Warfarin should be taken at the same time each day, usually in the evening. **If a dose is missed** and can be taken within three hours, it should be taken. If more than three hours has elapsed, the dose should not be taken. Subsequent doses should be taken at the usual time.

If a dose is not taken, staff must make a note in the warfarin booklet (yellow book) and remember to tell the GP/nurse at the next blood test appointment. If in doubt, contact the GP or 111 for advice on any increased monitoring requirements.

## **Recording of errors/near misses**

If an error or near miss occurs with a person's dose of warfarin it is vitally important this is documented and reported to the appropriate authority as soon as practically possible. These errors need to be reported to the Local Contract Monitoring Team(s) as well as the anticoagulant clinic and resident's GP as soon as they have been identified.

The care home medicine policy should be adhered to for errors/near misses. Further information can be found within the NHS Coventry & Warwickshire Best Practice document available on the website in the Medicines Optimisation area.

## Warfarin Administration Record

<b>Resident's Name:</b>	<b>D.O.B</b>	<b>Room No:</b>	<b>GP name and Tel:</b>
<b>Allergies:</b>		<b>Anticoagulant clinic Tel:</b>	

Date of Blood test:	INR result:	Dose in milligrams:	Date of next blood test:
Record written by:	Date:	Countersigned by:	Date:

[illegible]