NHS Aylesbury Vale Clinical Commissioning Group

NHS Chiltern Clinical Commissioning Group

Good Practice Guidance for Care Home : Administration of warfarin

For all staff responsible for administering warfarin in care homes

Warfarin is an anticoagulant drug used in the treatment and prevention of stroke and thromboembolism (blood clot). Anticoagulants are one of the medicines **most** frequently identified as causing preventable harm and admission to hospital. Nationally it is recognised that procedures promoting safe administration and monitoring of warfarin can reduce the risk of harm and improve care.

Background Information on why regular monitoring residents taking warfarin is so important

- Warfarin increases the time that it takes blood to clot. It is measured by monitoring a patient's International Normalised Ratio (INR)
- The INR is a ratio comparing how long it takes for an individual's blood to clot compared to an individual not taking warfarin. For example a patient with an INR reading of 2.6 means it takes 2.6 times longer for their blood to clot compared with a person not on warfarin
- The most common target INR range is 2 - 3. For every patient on warfarin, there should be a target INR range recorded in their yellow book or equivalent anticoagulant clinic patient record log
- The INR result is not only affected by the dose of warfarin administered, but it can also be affected by **changes** in medication and diet. The administration of some foods and sip feeds can also affect the INR
- Warfarin is available in four different strengths of tablets which are colour coded, 500micrograms (white), 1mg (brown), 3mg (blue) and 5mg (pink)

Recommendations for Care Homes Medication Policy

The care homes medicines policy should include a Standard Operating Procedure (SOP) on the safe administration and monitoring of warfarin. This should state:-

- the process for ensuring the safe administration, monitoring and communication requirements
- The requirement for cross checking the last INR result, when the next blood test is due and the current dose **EVERY** time warfarin is administered
- That care staff who administer anticoagulants or support people to take their own **must** be trained to undertake their duties safely
- The National Patient Safety Agency (NPSA) recommends that oral anticoagulants are administered from the original packs dispensed for individual patients. Monitored Dosage Systems are not flexible enough to cope with frequent dose changes and are not recommended for anticoagulants. Care homes should make safe arrangements with their local pharmacist or dispensing doctor.

Care Homes Pharmacists, Medicines Management Team, Chiltern & Aylesbury Vale CCGs
Email: bucks.mmt@nhs.net

Communication of Information

Responsibilities of Anticoagulant Clinic

- All residents taking warfarin must have an individual fully completed Yellow Book (NHS oral anticoagulant therapy – Important Information for Prescribers) or equivalent anticoagulant clinic record log
- The anticoagulant service/prescriber must confirm the dose in **writing** following any INR blood test check. This is regardless of a dose change. If the prescriber wishes to make changes by telephone - this **must** be followed by a fax stating the latest INR result and confirmation of the dose.

  Additional blood tests may be necessary if the resident has changes to other medicines that interact with the anticoagulant (e.g. Antibiotics). If this happens, the doctor or pharmacist will inform the resident and their carer. It is important for the carer to contact the anticoagulant service and identify any new monitoring requirements

Responsibilities of Care Home

- All communication regarding INR results should be kept with the residents Yellow Book or equivalent anticoagulant clinic record log
- The yellow book or other INR record sheets (if not kept by the patient themselves) and any confirmation faxes must be stored with the residents Medication Administration Record (MAR) chart for cross-referencing
- If a resident is transferred to another care setting - the yellow book (or equivalent anticoagulant clinic record log), INR result sheets, a copy of the MAR sheet and any other faxed information received must be sent with the resident

  If the resident is temporarily transferred (e.g. admitted to hospital) then copies of the above information must be sent with the resident
- Any missed doses within the last two weeks will affect the INR result. The anticoagulant service **MUST** be informed of any missed warfarin doses. It must also be informed if a resident is refusing or unable to take warfarin

Recording of Information - Recommendations

- The dose of warfarin intended for the resident must be clearly stated on the Medication Administration Record (MAR) chart - it is good practice to have the Medication Administration Record (MAR) chart checked and signed by a second member of staff for accuracy after this information has been added
- Ensure the number of milligrams (mg) of warfarin required is stated on the Medication Administration Record (MAR) charts, not the number of tablets
- Warfarin should never be administered without adequate and regular monitoring of the INR
- It is essential that there is a safe system to ensure that information on INR results and dose to be taken via fax, yellow book, INR result sheets and MAR chart are cross-referenced for correlation that the correct dose is being taken

References:	1. BJCP Feb. 2007 R.L. Howard et al 2. Anticoagulants: advice for social care providers – National Patient Safety Agency 2007 http://www.nrls.npsa.nhs.uk/resources/?entryid45=59814

Produced by:	Jacqui Kent, Care Homes Pharmacist, Unoma Okoli, Care Homes Pharmacist & Maria Smith, Medicines Management Pharmacist, Chiltern and Aylesbury Vale CCGs
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