



**Northamptonshire Healthcare**  
NHS Foundation Trust

## **MMG030 GUIDELINES FOR THE MANAGEMENT OF PATIENTS ON ORAL ANTICOAGULATION ON INPATIENT WARDS**

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## Why we need this Guideline

Anticoagulants are one of the classes of medicines most frequently identified as causing preventable harm and admission to hospital. Managing the risks associated with anticoagulants can reduce the chance of patients being harmed. In 2007 the National Patient Safety Agency issued a patient safety alert detailing actions that can be taken to make anticoagulation therapy safer.<sup>1</sup> Whilst patients within NHFT will not be initiated on anticoagulation without the support of the anticoagulant teams at the General hospitals, patients will be admitted who already take an anticoagulant.

## What the Guideline is trying to do

To provide guidance on the management of patients prescribed oral anticoagulants to reduce the risk of harm from incorrect prescribing administration or monitoring of oral anticoagulation.

## Which stakeholders have been involved in the creation of this Guideline

Medicines Management Committee

Clinical Director

## Any required definitions/explanations

NHFT - Northamptonshire Healthcare NHS Foundation Trust

INR - International Normalised Ratio

DOAC - Direct-acting oral anticoagulant

## Key duties

### Medicines Management Committee

Will approve and review these guidelines

### Medical Director

Is responsible for the dissemination of this guideline to their Clinical Director's and Clinical Tutors

### Clinical Directors

Are responsible for the dissemination and implementation of the guideline in their service areas

### Heads of Service

Are responsible for the dissemination and implementation of the guideline in their service areas

### Doctors

Are responsible for reviewing the patient, prescribing oral anticoagulation and ensuring the INR is monitored

## Management of patients prescribed oral anticoagulation on inpatient wards

### Management on admission of a patient on oral anticoagulation (e.g. warfarin, acenocoumarol and phenindione)

When a patient is admitted on warfarin, acenocourarol or phenindione the following actions must be taken by the admitting doctor:

- Confirm with the patient the medication they are currently taking (as per MMPr034 Medicines Reconciliation Protocol).
- Ask to see the patient's anticoagulation dosing sheet which will contain details of latest INR, current dose and date of next blood test.
- If this sheet has not been brought into hospital then efforts must be made to get access to this information. During working hours the anticoagulation service at the General hospital can be contacted to confirm the details contained within the anticoagulation dosing sheet
- The anticoagulant must be prescribed on the main prescription chart. Anticoagulants should be prescribed at 6pm. Where doses are not the same each day these should be prescribed on separate lines and the days a particular dose is not to be given should be crossed out on the administration section. In the review box the date of the next INR should be recorded to prompt review of the dose.
- To ensure that the most up to date information is being used the patient's anticoagulation dosing sheet or the most recent faxed instructions from the anticoagulant team at the general hospital should be secured to the patients drug chart for ease of reference.
- Only prescribe anticoagulation for the length of time that INR result is valid

### Ongoing management of a patient prescribed oral anticoagulation

Throughout a patient's inpatient stay the medical team must ensure that the patients INR is taken as per the schedule in the patient's anticoagulation dosing sheet or as advised by the anticoagulant team at the general hospital. The team must also inform the anticoagulant team of any changes in other medication and ensure INR monitoring occurs when any medication changes are made.

The INR can be requested the day before it is due to ensure recommendations on dosing can be made and acted upon by NHFT prescribers during normal working hours.

### Guidelines for Patient Referral to Anticoagulation Service, KGH

Following a new admission to your ward :-

Telephone 01536 452690 (or bleep 541 via switchboard) to inform the Anticoagulation Nurse Specialist that the patient has been admitted to the ward and confirm their current medications

Complete a Pathology Request Form and take an INR blood test. **Note** the patient's unique KGH hospital number is the number documented on the front of the patient's anticoagulation dosing sheet. This number needs to be entered on the Pathology Request Form.

The Anticoagulation Service will fax a dosing instruction (INR result, dosage and next blood test required) before 5.00pm on the day the blood test is taken. **Note** if you do not receive faxed dosing instructions, please chase up the results with the Pathology Department or ask the doctor on-call to advise dose (liaising with Medical doctor on-call at KGH when necessary)

Following notification the patient has been admitted to your ward, the Anticoagulation administration staff will telephone your ward approximately 09:00hrs on the day the patient's INR blood test is next required. Your staff will then need to complete a Pathology Request Form and take an INR blood test.

Enter the date the next INR is due in the ward diary.

Always inform the Anticoagulation Nurse Specialist when any of the patient's medications are changed.

Always inform the Anticoagulation Nurse Specialist of the patient's planned discharge date.

Out of office hours, please leave a message on the Anticoagulation Nurse Specialist answerphone.

Office Hours – 09:00 to 17:30 hours, Monday to Friday (No Bank Holidays)

Telephone Number – 01536 492690

KGH switchboard 01536 492000 Bleep 541

Fax Number – 01536 493526

### **Guidelines for Patient Referral to Anticoagulation Service, NGH**

Following a new admission to your ward:-

Telephone NGH to inform the Anticoagulation Clinic that the patient has been admitted to your ward and confirm current medications

Complete a Pathology Request Form and take an urgent INR blood test if no recent result or if there are concerns that the patient has been non-compliant with medication

**Note** the patient's unique NGH hospital number is the number documented on the front of the patient's anticoagulation dosing sheet. This number needs to be entered on the Pathology Request Form.

The Anticoagulation Service will fax a dosing instruction (INR result, dosage and next blood test required) before 5.00pm on the day the blood test is taken.

**Note:** if you do not receive faxed dosing instructions, please chase up the results with the Pathology Department and ask the doctor on call to advise dose (liaising with Medical doctor on call at NGH when necessary)

Enter the date the next INR is due in the ward diary.

Always inform the Anticoagulation Nurse Specialist when any of the patient's medications are changed.

Always inform the Anticoagulation Nurse Specialist on the patient's discharge.

Out of office hours, please leave a message on the Anticoagulation Nurse Specialist answerphone 01604 193523

Office Hours –

Monday to Friday 09:00 to 17:00 hours,

Telephone 01604 523737

Bleep 4448 / 6049 via switchboard (01604 634700)

Saturday 9.00 to 16.00 hours

**call 01604 544121 or bleep 4448 / 6049 between Guidelines for patients taking direct-acting oral anticoagulants (DOACs) -Dabigatran, Rivaroxaban, Apixaban.**

When a patient is admitted on a DOAC the following actions must be taken by the admitting doctor:

- Confirm with the patient the medication they are currently taking (as per MMPr034 Medicines Reconciliation Protocol).
- Ascertain the indication for the anticoagulant (e.g. atrial fibrillation, treatment of venous thromboembolism (VTE), prophylaxis of VTE after surgery) and the likely duration of therapy.
- Consider the effect of any new medicines prescribed on the effect of these treatments and renal function

- For further information contact the relevant Acute Trust anticoagulant service or the NHFT Pharmacy Department.

## Training requirements associated with this Guideline

### Mandatory Training

There is no mandatory training associated with this guideline.

### Specific Training not covered by Mandatory Training

Ad hoc training sessions based on an individual's training needs as defined within their annual appraisal or job description.

MHRA e-learning package available at:

<http://www.mhra.gov.uk/ConferencesLearningCentre/LearningCentre/Medicineslearningmodules/Oralanticoagulants/index.htm>

BMJ e-learning module available at: <http://learning.bmj.com/learning/module-intro.html?moduleId=5004429>

### How this Guideline will be monitored for compliance and effectiveness

The table below outlines the Trusts' monitoring arrangements for this document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect of compliance or effectiveness being monitored	Method of monitoring	Individual responsible for the monitoring	Monitoring frequency	Group or committee who receive the findings or report	Group or committee or individual responsible for completing any actions
Duties	To be addressed by the monitoring activities below.				
Prescribing and administration of oral anticoagulants and associated monitoring of INR	Review of incident reports	Medical Director	Quarterly	Medicines Safety Group	Medicines Safety Group
Where a lack of compliance is found, the identified group, committee or individual will identify required actions, allocate responsible leads, target completion dates and ensure an assurance report is represented showing how any gaps have been addressed.					

## Equality considerations

See Control of Medicines Policy MMPR001.

## Reference Guide

1. National Patient Safety Agency (2007) *Patient Safety Alert 18 Actions that can make anticoagulant therapy safer* Available from: [www.nrls.npsa.nhs.uk](http://www.nrls.npsa.nhs.uk)



## Document control details

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2	16.09.14	16.09.14	16.09.17	
3	10.07.18	10.07.18	31.07.20	Review