NHS
West Hampshire
Clinical Commissioning Group

Supporting Care Homes

ANTICOAGULANTS **GUIDANCE SHEET**

What are anticoagulants?

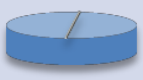
Anticoagulants are medicines that help prevent blood clots. They are given to people at high risk of clots to reduce their chances of developing serious conditions such as strokes and heart attacks. When taking an anticoagulant, the main side effect is that you can bleed too easily. There are two main types of anticoagulants: warfarin and Direct Oral Anticoagulants, more commonly referred to as DOACs. Care staff are probably familiar with bleeding as a side-effect of warfarin but may not realise that these newer medicines are also anticoagulants because they do not require regular blood tests. Care staff should be aware of symptoms of bleeding with *all* anticoagulants. It is really important that you tell the resident's doctor if they experience problems such as blood in faeces, black faeces, blood in urine, severe bruising, prolonged nosebleeds, bleeding gums, vomiting or coughing up blood. If a resident goes into hospital it is important to send a copy of the Medication Administration Record (MAR) chart with them so that the hospital staff know exactly what medication the resident is taking. This is particularly important in the case of anticoagulants.

Direct Oral Anticoagulants (DOACs)

These newer types of anticoagulant are becoming increasingly common. Rivaroxaban (Xarelto®), dabigatran (Pradaxa®), apixaban (Eliquis®) and edoxaban (Lixiana®) are DOACs which do not need regular blood tests. It is very important that patients prescribed a DOAC are given their medication every day. When completing your regular MAR chart audit you should specifically review any gaps in administration of a DOAC.

Warfarin

Warfarin is a widely used anticoagulant. Careful monitoring is required while taking warfarin. A blood test called an International Normalised Ratio (INR) is required to measure how long it takes for the patient's blood to begin to form clots. This result is then used to adjust the warfarin dose accordingly. Warfarin is available in four different strengths of tablets 500micrograms, 1mg, 3mg and 5mg (see below). Care must be taken to ensure the correct strength of tablet is chosen.
Warfarin interacts with many other medications and this needs to be taken into consideration when new medications (including homely remedies) are introduced.

In the UK, the colours of warfarin tablets are:							
500 micrograms: white (0.5mg)		1mg: brown		3mg: blue		5mg: pink	

Improving safety with anticoagulants

In March 2007 the National Patient Safety Agency (NPSA) issued a patient safety alert: Actions that can make warfarin therapy safer www.nrls.npsa.nhs.uk/resources/?entryid45=59814. This alert stated that anticoagulants are one of the classes of medicines most frequently identified as causing preventable harm and admission to hospital.

Standard requirements (adapted from the NPSA warfarin resources)

- Care home managers must ensure that there is a written protocol in place regarding warfarin (and other oral anticoagulants). You may wish to review your protocol following these guidelines.
- Care home staff must have received adequate training regarding warfarin (and other oral anticoagulants) to enable them to undertake their duties safely.
- Residents taking warfarin must have a copy of the 'NHS oral anticoagulant therapy - important information for patients' (yellow book). DOACs often have their own Patient Alert Card.
- Warfarin should be administered from the original pack (use of a Monitored Dosage System is not good practice). Some DOACs cannot be put in compliance aids (e.g. dabigatran), some cannot be crushed and must be swallowed whole (e.g. dabigatran, edoxaban).
- All anticoagulant dose changes must be confirmed by the prescriber in a written format.

Medication Administration Record (MAR) Chart

- MAR charts for warfarin are usually received from the Pharmacy with 'as directed dose' printed on them. It is the care home's responsibility to ensure the correct dose required is recorded on the MAR chart.
- The dose of warfarin intended for the resident must be clearly stated on the MAR chart.
- The words 'as before' must never be used.
- Ensure the dose in milligrams (mg) of warfarin is stated on the MAR chart, not the number of tablets.
- It is good practice to have the MAR chart checked and signed by a second member of staff for accuracy.
- Warfarin must never be administered before the written confirmation, yellow book, INR result sheets and MAR chart are cross-referenced for dose confirmation of required dose.

Administration

- The least number of tablets required to provide the specific dose of warfarin should be administered.
- Warfarin should be administered at the same time each day: this is often around 6pm to ensure that any change in dose following a blood test can be communicated.
- Avoid breaking tablets in half. There is a 500microgram (0.5mg) tablet available. **Ensure all staff are aware of the potential for error surrounding 500microgram and 5mg tablets.**

Please visit our website for more information:
https://www.westhampshireccg.nhs.uk/medicines-in-care-homes

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