

Anticoagulant Patient: Agency Responsibilities

1. **Orders** must include the following:
 - a. frequency and day the labs will be drawn
 - b. who will be monitoring the PT/INR results
 - c. who will be contacted for medication changes
 - d. competency of patient or caregiver to manage changes
 - e. All medication changes must be:
 - Placed on medication record
 - Interim order created to send to MD
 - Include on all 485s if on anticoagulant therapy
2. **ASK about medication changes at each visit** (Dose changes, Frequency changes, New and Discontinued medications)
 - a. **Document** any medication changes in the clinical note.
 - b. Documentation must include demonstration or “**teach back**” as evidence that the patient understand the changes and are compliant with the changes as prescribed.
 - c. **Document** assessment of new medications and any issues of interactions with anticoagulant therapy.
 - d. **Confirm** all medication changes with MD.
4. **Evaluate** at each visit patient’s response to anticoagulation therapy.
 - a. PT/INR results regardless of who is conducting the test. Evaluate for high and low levels.
 - b. Assist patient in keeping self-log of results
 - c. **Document** PT/INR results in the clinical record
5. **Assess** for side effects and signs of bleeding at each visit.
 - a. **Document the ABSENCE** of these signs as evidence of your evaluation
 - b. **Document the PRESENCE** of any of these signs
 - c. **Notify the MD** immediately of any signs of bleeding. Be prepared to share and review PT/INR results, trends and medication dose presently prescribed with MD.
6. **Assess** for fall risk. Implement fall prevention measures. Assess for any falls occurrences which **MUST** be reported to the MD immediately.
7. **Communicate** changes to other team members.
8. **Instruct** in anticoagulation therapy, the need for scheduled testing, dietary interactions and when to Call MD if experiencing abnormal signs of bleeding. For patients whose anticoagulant treatment is new, or recent labs are unstable or you have any concerns, **contact you clinical manager**.

Staff Responsibilities

- Comprehensive Patient treatment orders**
- Ensure PT/INR testing is being done**
- Every visit assess patient response to medication**
- ASK & SEE all medication changes**
- Assess Fall risk & implement prevention strategies if at risk**
- MD communication with all significant changes & falls**
- Communicate to other team members**

Untoward Signs of Bleeding:

- **Nose bleeds**
- **Blood in urine, bright red**
- **Black tarry stools**
- **Bruising, petechiae spots on skin**
- **Coughing up blood**

Anticoagulants

Dalteparin sodium injections FRAGMIN

Enoxaparin (LOVENOX)

Tinzaparin (INNOHEP)

Fondaparinux sodium (ARIXTRA)

Warfarin (COUMADIN)

Lepirudin (REFLUDAN)



Always check the bottles

GUIDELINES FOR PROVISION OF THERAPY FOR PATIENTS ON ANTICOAGULATION THERAPY

Follow agency guidelines – “Anticoagulant therapy: Agency Responsibilities”

ASSESS for signs and symptoms of bleeding	If present, notify MD immediately and follow MD orders. Contact a supervisor if unable to reach MD.			
	If no signs or symptoms of bleeding, use guide below			
	INR >3 and ≤4	INR >4 and ≤5	INR >5 and ≤6	INR >6
EDUCATION	<ul style="list-style-type: none"> • Safety and fall prevention • Signs and symptoms of bleeding • When to contact agency, MD, or go to ER 	<ul style="list-style-type: none"> • Safety and fall prevention • Signs and symptoms of bleeding • When to contact agency, MD, or go to ER 	<ul style="list-style-type: none"> • Safety and fall prevention • Signs and symptoms of bleeding • When to contact agency, MD, or go to ER 	<ul style="list-style-type: none"> • Safety and fall prevention • Signs and symptoms of bleeding • When to contact agency, MD, or go to ER
MOBILIZATION <i>WITH MD APPROVAL</i>	<ul style="list-style-type: none"> • Focus on training safe mobility at current intensity level • Emphasis on fall prevention 	<ul style="list-style-type: none"> • Focus on training safe mobility, no progression • Provide close supervision for all mobility • Emphasis on fall prevention 	<ul style="list-style-type: none"> • Focus on training safe mobility, no progression • Provide close supervision for all mobility • Emphasis on fall prevention 	<ul style="list-style-type: none"> • Discuss with MD regarding whether bed rest indicated or decreased activity • Assessment only if needed to determine safety with allowed activity • Emphasis on fall prevention • Avoid stair climbing if possible
EXERCISE <i>WITH MD APPROVAL</i>	<ul style="list-style-type: none"> • Exercises as performed prior by patient • No advancement of intensity 	<ul style="list-style-type: none"> • Hold resistive exercise unless otherwise directed by MD • Light exercise within RPE of ≤11 	<ul style="list-style-type: none"> • Hold exercise unless otherwise directed by MD 	<ul style="list-style-type: none"> • Hold exercise unless otherwise directed by MD
MANUAL THERAPY <i>WITH MD APPROVAL</i>	<ul style="list-style-type: none"> • Avoid techniques that could result in bleeding/bruising • Appropriate techniques used with caution if approved by MD 	<ul style="list-style-type: none"> • Hold manual therapy unless otherwise specified by MD 	<ul style="list-style-type: none"> • Hold manual therapy unless otherwise specified by MD 	<ul style="list-style-type: none"> • Hold manual therapy unless otherwise specified by MD