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| **PQS Oral Anticoagulant Safety Audit 2021/22 - Data Collection Form**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Section 1 - All patients** | | | | | | | **1.** | Patient’s name  (For internal use – not for reporting to NHSE&I) | |  | | | | **2.** | Date | | / / | | | | **3.** | Patient’s age | |  | | | | **4.** | Patient’s gender | | Male  Female  Not confirmed | | | | **5.** | Is the patient a care home resident? | | Yes  No  Not known | | | | **6.** | Name of anticoagulant | | Acenocoumarol  Phenindione  Apixaban  Rivaroxaban  Dabigatran  Warfarin  Edoxaban | | | | **7.** | Is the anticoagulant supplied in a monitored dosage system / compliance aid? | | No  Yes, one medicine per blister / compartment  Yes, multiple medicines per blister / compartment | | | | **8.** | Is the patient prescribed more than one anticoagulant? | | No (go to question 9)  Yes  Name of other anticoagulant:  What action did you take and what was the outcome?  If patients are switching anticoagulant treatments, remind them to return any medicine no longer needed for safe disposal. | | | | **9.** | Is the patient prescribed an oral NSAID\* as well as the anticoagulant?  The [PINCER summary](https://www.nottingham.ac.uk/primis/documents/audit-docs/evidence-based-summaries-for-health-foundation-pincer-12-07-2018.pdf)10 states that ‘It is advisable to avoid this combination whenever possible’.  \* **Do not** include low dose aspirin (300mg or less per day) here; record it in Q10 instead. | | No (go to question 10)  Yes | | | | **9a.** Have you contacted the prescriber about concomitant use of an anticoagulant with an NSAID | | | | Yes – prescriber discontinued one or both agents  Yes – prescriber confirmed both agents required  Yes – other action by prescriber. Please specify:    No – please specify the reason: | | | | **9b.** Is the patient also prescribed gastro-protection? (e.g. a proton pump inhibitor or H2 receptor antagonist) | | | | Yes  No | | | | **10.** | Is the patient prescribed an antiplatelet as well as the anticoagulant? | | No (go to question 11)  Yes | | | | **10a.** Is the patient also prescribed gastro-protection? (e.g. a proton pump inhibitor or H2 receptor antagonist)  The [PINCER summary](https://www.nottingham.ac.uk/primis/documents/audit-docs/evidence-based-summaries-for-health-foundation-pincer-12-07-2018.pdf)10 indicates that gastro-protection should always be considered and offered when combination therapy (anticoagulant plus antiplatelet) is indicated. | | | | Yes  No | | | | **10b.** Have you contacted the prescriber for a review of gastro-protection? | | | | Yes – gastro-protection prescribed  Yes – prescriber discontinued anticoagulant and / or antiplatelet  Yes – prescriber confirmed no medication changes required  No – prescriber has been contacted about gastro-protection for this patient within the last 6 months  No – patient has discussed with prescriber and has made decision not to take gastro-protection  No – other reason. Please specify: | | | | **11.** | Which category best describes how the audit was completed for this patient? | Conversation with the patient in the pharmacy  Conversation with the patient by telephone  Conversation with the patient by video link  Contact with patient by other route, e.g. email | |  | **Go to**  **Section 2** | | Patient’s representative in pharmacy, unable to contact patient  Medicine delivered by pharmacy, unable to contact patient  Care home patient, unable to contact patient / representative / care staff | |  | **VKA prescribed – Go to Section 3**  **DOAC prescribed – Go to Section 4** |  |  |  |  | | --- | --- | --- | | **Section 2 - Patient feedback (only complete this section if you can contact the patient)** | | | | **12.** | Was the patient already aware that they are taking an anticoagulant, i.e. a medicine to thin the blood/prevent blood clots? | Yes  No – information provided  No – information not provided | | **13.** | Did the patient already know the symptoms of over-anticoagulation, e.g. unexplained bruising, nose bleeds? | Yes  No – information provided  No – information not provided | | **14.** | Was the patient already aware of the need to check with the doctor or pharmacist before taking over-the-counter medicines, herbal products or supplements? | Yes  No – information provided  No – information not provided | | **15.** | For patients taking vitamin K antagonists only  Was the patient already aware that dietary change can affect their anticoagulant medicine? | Yes  No – information provided  No – information not provided  Not applicable | | **16.** | A picture containing table  Description automatically generatedDid the patient have a standard yellow anticoagulant alert card? | Yes, card seen by pharmacy staff  Yes, card not seen but patient confirmation they have this card  Not known/Not reported  No card or unaware of card | | **16a.** Was a standard yellow alert card offered to the patient? | | Yes, card accepted  Yes, but card declined because the patient has manufacturer’s alert card  Yes, but card declined because the patient has another anticoagulant alert card  Yes, but card declined for other reason  No, not offered. Reason - please specify | | **Vitamin K antagonist prescribed? Go to Section 3 DOAC prescribed? Go to Section 4** | | |  |  |  |  | | --- | --- | --- | | **Section 3 - Patients prescribed vitamin K antagonists only** | | | | **17.** | Did you find out when the patient last had an INR test before issuing this medicine? | No (go to question 17d)  Yes | | **17a.** | How did you obtain this information?  (select all that apply) | From patient  From patient’s representative  From yellow anticoagulant record book or other written record  From general practice  From patient’s care provider, e.g. nursing home  From anticoagulant service  From other source - please specify: | | **17b.** | How long ago was the INR test? | Fewer than 4 weeks (go to Section 4)  4 – 12 weeks (go to Section 4)  More than 12 weeks | | **17c.** | If the INR test was more than 12 weeks ago, what, if any, action did you take? | (go to Section 4) | | **17d.** | Where you could not find out when the patient last had an INR test, what steps did you take to check INR was being monitored?  (select all that apply) | Contacted the patient / representative  Contacted the general practice  Contacted the care provider (e.g. care home)  Contacted the anti-coagulation service  Contacted another person / service (please specify):    No other steps taken because (please specify):    (go to Section 4) |  |  |  |  | | --- | --- | --- | | **Section 4 – All patients** | | | | **18.** | Please give details of any other referrals or action taken about anticoagulant safety issues, e.g. drug interactions, INR concern (do not include any patient identifiable information) |  | |