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| **PQS Oral Anticoagulant Safety Audit 2021/22 - Data Collection Form**

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| **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)[ ]  YesName 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** |

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| **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 onlyWas 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** |

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| **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) |

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| **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) |  |

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