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Clinical Commissioning Group

Quick Reference Guide for Management of Warfarin

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Additional copies available on request from Medicines Management Team - Tel 3051675**



- When was the last INR reading taken?
Is the INR test overdue?
Has the result been recorded in the care plan?
Is the dose in milligrams – not number of tablets?
Are there signs of bleeding or bruising?

Service User taking Warfarin - CHECK

On commencing treatment service users care plan states

- where anticoagulant therapy is managed
- date the warfarin commenced
- medical condition it is prescribed to treat e.g. atrial fibrillation
- INR target and range; date of next INR
- current dose, in milligrams (not number of tablets)
- time of day the dose is to be given
- date to stop treatment, if applicable

Maintaining service user's warfarin treatment record

- has INR test been performed and are you awaiting results?
- receive and record latest INR result
- has the dose changed?
- document date and place of next INR test

Receiving changes to the warfarin dose

- verify any change to dose – if by phone ask the caller to repeat instruction to another staff member and ask for fax or written confirmation of change
- record change in **care plan and on MAR chart** - the change in dose on the MAR chart is signed by two members of staff clearly stating the new dose and the start date.
- attach confirmation of change to MAR
- on receipt of service user's anticoagulant record – check dosage instruction following INR test
- complete concern form if information received from organisation involved in management of warfarin is inadequate

Administering the medication

- when labelled 'as directed' by community pharmacy check the dose is known
- check strengths of warfarin supplied
- check if variable dose (different doses to be given different days)
- administer medication at the same time each day – 6pm (unless directed otherwise)
- **Sign the MAR immediately if witnessing administration** - document dose clearly on the MAR – in milligrams and enter the combination of tablets given

Routine documentation regarding warfarin

Document and inform clinician managing INR as soon as possible if:

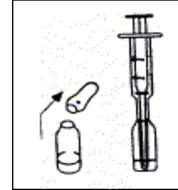
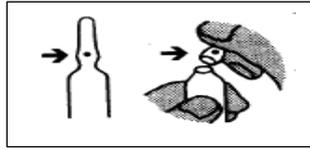
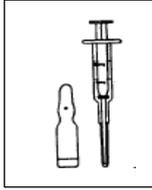
- change to diet, alcohol intake
- change to medication
- change in general health – inform GP
- any signs of bruising / bleeding – inform GP

Observe for adverse effect of warfarin – report any bleeding and bruising

If INR dangerously high you may be instructed to give vitamin K to reverse effect. Please see overleaf for administration of vitamin K - Konakion™ Paediatric 2mg in 0.2ml and Neokay™ 1mg capsules

For more detail please refer to full guidance – Good Practice Guidance on the Management of Anticoagulant Therapy (Warfarin) in the Care Home Setting (March 2018)

Administration of Konakion™ MM Paediatric 2mg in 0.2ml



NB This ampoule is intended for oral administration

- The principles of hand hygiene should be maintained throughout
- Check the dose to be administered
- Check expiry date of ampoule and ensure the product is in date before use
- Shake the ampoule until the liquid is in the bottom of the ampoule
- Snap off the top of the ampoule making sure the spot is facing towards your thumb
- Put the oral dispenser into the ampoule; pull the plunger up slowly to draw the medicine into the dispenser until it is level with the required dose (0.1 ml = 1mg, 0.2ml = 2mg).
- Put the dispenser into the service user's mouth at the back of the tongue and gently push the plunger in to give the medicine
- Offer a glass of water as the solution has a very bitter taste
- Discard the empty ampoule appropriately in the sharps bin

Administration of Neokay™ 1mg capsules

The capsule form is called **Neokay™ 1mg**. **Only the capsule contents are swallowed – the capsule shell itself is not swallowed.** This is usually only supplied from the hospital anticoagulation clinic.

- The principles of hand hygiene should be maintained throughout
- Check the dose to be administered
- Check expiry date of the capsule and ensure product is in date before use
- Only the capsule contents are swallowed – the capsule itself is not swallowed
- Cut the nipple off the end of the capsule with a pair of clean scissors
- Squeeze the entire contents of the capsule into the service user's mouth
- The service user should then swallow the contents down with a glass of water
- Discard the empty capsule appropriately