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 <u>more than one anticoagulant</u>?	☐ 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 <u>oral NSAID*</u> <u>as well as the anticoagulant</u>? The PINCER summary[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 <u>antiplatelet</u> <u>as well as the anticoagulant</u>?	☐ 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[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	**VKA prescribed – Go to Section 3**
		☐ Medicine delivered by pharmacy, unable to contact patient	**DOAC prescribed – Go to Section 4** ➡
		☐ Care home patient, unable to contact patient / representative / care staff	

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.	<u>For patients taking vitamin K antagonists only</u> Was the patient already aware that dietary change can affect their anticoagulant medicine?	☐ Yes ☐ No – information provided ☐ No – information not provided ☐ Not applicable
16.	Did 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
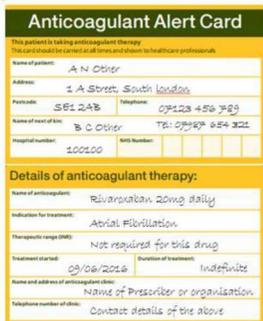
		☐ Yes, but card declined because the patient has another anticoagulant alert card
		☐ Yes, but card declined for other reason
		☐ No, not offered. Reason - please specify
Vitamin K antagonist prescribed? Go to Section 3		**DOAC prescribed? Go to Section 4**

Section 3 - Patients prescribed vitamin K antagonists only		
17.	Did you find out <u>when</u> 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)	