

PROTOCOL FOR ADMINISTRATION OF WARFARIN IN DOMICILIARY CARE IN NEATH PORT TALBOT LOCALITY

(Approved By Medicines Management Group April 2013)

1. Introduction and Aims

This document sets out the systems in place for the safe administration of warfarin to patients with an identified need by care workers in the domiciliary care setting in Neath Port Talbot (NPT) locality. It accompanies the NPT Medication Policy for Domiciliary Care which outlines the roles, responsibilities and procedures for assisting service users with prescribed medication in the community. The policy also provides standards to be adopted and adhered to when assisting with medication which forms part of a service user's Personal Plan of Care.

2. Identified need

Assistance with medication will only be provided when there is no other means of the service user managing their own medication, either through self medication or support from family and friends. These options must be explored in the first instance. Where it has been established that a service user requires Level C support with medicines management as part of a package of care, a risk assessment will be carried out initially by the Care Coordinator who will identify the level of support required (see appendix 1, '*Quick Reference Guide: Levels of support with medicines for service users receiving Domiciliary Care in Neath Port Talbot*'). Thereafter, the Provider service will monitor the support required.

3. Referral to Medicines Management Team for Domiciliary Care (MMTDC)

All service users requiring Level C support with taking Warfarin **must** be referred to the MMTDC to undertake a risk assessment and assessment of the level of support required to facilitate warfarin administration (see appendices 2 & 3). Where possible, family support should be sought and facilitated for administering the warfarin on an ongoing basis. Care workers **must not** administer warfarin until this assessment has been undertaken.

It is **essential** therefore that any referrals to the MMTDC regarding level C support with warfarin be made in a timely way (absolute minimum of 2 full working days) prior to intended commencement of support and/or discharge from secondary services. This is to allow adequate time to ensure all arrangements required for safe administration by care workers can be made, and failure to do is likely to result in a delay in care workers being able to commence administering warfarin and/or an unsafe discharge from hospital.

Where Warfarin is assessed as stable and dosing regimes are not deemed as complex¹ it may be administered by Care Workers using the following tools for administration:

- a) the dose can be written on a warfarin MAR chart provided by NPT INR Clinic, MMTDC, or Community Pharmacies who are approved to participate in this additional service
- b) in exceptional circumstances warfarin may be dispensed into a Monitored Dosage System (MDS) by the Community Pharmacist by special arrangement and if appropriate. In this case a specific warfarin MAR is not required as a general MAR provided with the MDS would be adequate.

The MMTDC will review these service users at a minimum of 3 monthly intervals in the first instance, and then as required. Where Warfarin is assessed by the MMTDC as complex/unstable, the Care Workers will **NOT** administer and other arrangements will be negotiated with family or the wider Health team.

In such scenarios outlined above where the care worker is unable to administer the warfarin, the MMTDC will negotiate other arrangements for administering the warfarin with the family/informal carer in

¹ For example, not stabilised yet on initiation of treatment, frequently needing retesting on more than a weekly basis, or half doses/half tablets required

the first instance. Where this support is not available the CIIS/District Nursing team (as appropriate) will be approached to administer the warfarin in the short interim until this can be more satisfactorily resolved. Such situations are rare, and the CIIS/District Nursing Teams may only be utilised when all other options have been explored.

4. Warfarin Administration by Care Workers

Warfarin may only be administered by care workers when:

- there is an identified need for a service user receiving home care (see point 2. above)
- a risk assessment has been undertaken by the Medicines Management Team for Domiciliary Care (MMTDC) – see page 3. for contact details and appendix 3 for referral form
- care workers have received training re use of Warfarin MAR (Medication Administration Record)
- a yellow Warfarin Care Plan compiled by the MMTDC is present in the home file
- a Warfarin MAR (provided by Neath Port Talbot Hospital Anticoagulation Clinic (NPTH INR clinic, MMTDC, or approved Community Pharmacy) is available for care workers to administer
- 1mg warfarin tablets only are available for care worker to administer

5. Warfarin Care Plan

The Warfarin Care Plan is compiled by the MMTDC and serves to clarify agreed arrangements for the administration of warfarin, and also to communicate directly to the care worker that this has been assessed and authorised. It sets out the details of arrangements for administering warfarin and identifies:

- the intended duration of treatment
- the time (in 24hr clock) the warfarin is to be administered
- who is responsible for testing the INR and dosing the warfarin
- who is responsible for ordering repeat prescriptions for warfarin
- who is responsible for updating the yellow book where this is utilised

Also included are details for how the warfarin MAR is to be provided, whether a locked box is to be used, and details of key contacts relevant to administering warfarin. For examples of the Warfarin Care Plan see appendix 4 & 5.

A yellow copy of the Warfarin Care Plan will be placed in the home file for care workers to consult at each call. If this yellow plan is not present, the care worker **must not** administer the warfarin (even if a current warfarin MAR is present) without first contacting their line manager immediately for advice. The line manager will have a copy of the care plan and thus be able to confirm the carer should go ahead and administer the warfarin, and will ask the MMTDC to provide a replacement copy of the yellow care plan. Where the line manager is unable to confirm this, they will seek to confirm arrangements for administering the warfarin with the MMTDC, and where the MMTDC are unavailable/not contactable, the line manager must negotiate interim arrangements for administering the warfarin with family or the wider Health team (e.g. family/CIIS/District Nursing team (as appropriate) to ensure no doses are missed. It is very important that warfarin be taken as prescribed and missing doses should be avoided where at all possible. However, where a dose is missed for any reason, the line manager must inform the relevant GP/INR clinic as a matter of urgency.

Copies of the Warfarin Care Plan will be sent to the GP/INR Clinic/Community Pharmacist/Care Provider and Care Management (Social Work) team/family where appropriate by the MMTDC. NB During assessment by the MMTDC consent is sought from the service user to share information with health and social services as needed to support them with their medicines management. Where the service user lacks capacity to consent, the current principles outlined in the Mental Capacity Act Code of Practice will be followed (see appendix 6).

6. INR Result and Dosing

Where the service user is housebound or attends an INR clinic other than NPTH, the MMTDC will make arrangements for obtaining the INR results and dosing directions from the appropriate practitioner in order to provide a Warfarin MAR and update the yellow anticoagulation book (if utilised). This information must:

- be in writing, preferably faxed to the MMTDC
- contain the INR result, dosing and date of next INR
- be patient identifiable i.e. include patient's name plus DOB, address, and/or NHS No

Where the service user attends NPTH INR Clinic, the Warfarin MAR is provided by pharmacy staff at the point of testing & dosing.

7. Warfarin MAR

The warfarin MAR is a flexible tool for administration and is designed to correspond with the duration of the interval between INR testing/dosing which may range from a number of days to a period of several weeks (see Appendix 7 for an example for a warfarin MAR & guidance for care workers on its use). The MAR chart can accommodate alternating doses but this may require some adjustment or a weekly MAR may need to be provided.

As well as directions for dosing, the Warfarin MAR must be clearly legible and contain the following information:

- Service User details to include address, DOB and NHS number
- Date MAR is valid from/to including date of next INR
- Any additional comments for the attention of the care worker such as 'please ensure service user brings yellow book to clinic appointment'
- Name and Designation of person dosing warfarin/compiling warfarin MAR
- Any additional dosing comments, e.g. 'omit for next 2 days, then administer as per MAR from 16/07/2012'
- Adequate number of continuation sheets for care worker to document administration until next INR when new warfarin MAR will be provided

In addition to the Warfarin MAR, the general MAR chart provided by the Community Pharmacists for all other medicines the service user may require must make reference to the warfarin MAR. Where warfarin is listed, the dose time should be indicated and directions should state 'administer & sign using separate warfarin MAR'. The community pharmacist should obliterate the signing boxes on the general MAR to avoid confusion.

Completed Warfarin MARs are to be removed by the care worker on receipt of the new MAR, and forwarded to the Care Provider office for filing & audit purposes.

8. Where no MAR is provided

Possible scenarios for non provision of MAR include non attendance of the service user to INR clinic, problems with obtaining a blood specimen, and/or difficulties receiving a blood result. Usually the INR clinic or MMTDC will be aware of such difficulty and link with the care provider directly to address this in a timely way. However, if for any reason no MAR is provided, the care worker will be unable to administer the warfarin, and will alert their line manager immediately should this scenario occur, who will then contact the relevant practitioner as outlined on the warfarin care plan.

Under normal circumstances, provision of warfarin MARs is restricted to NPTH INR Clinic, members of the MMTDC, or Community Pharmacies who are approved to participate in this additional service, and is outlined in the *Pathway For Care Worker Administration Of Warfarin In Domiciliary Care* (Appendix 8). However in extenuating circumstances, such as the unlikely event of both members of the MMTDC not being available (or out of hours over the weekend & bank holidays) , as a temporary measure to enable continuity of care worker administration of the warfarin the care provider should contact the relevant GP/clinic/GP Out Of Hours for advice regarding dosing:

1. Where the clinician advises that the same dose be continued as per the existing MAR, this must be confirmed in writing to the care provider, and the care workers should continue to use the existing MAR until a new dose and/or MAR is made available.
2. Where the relevant clinician advises a new dose, they must provide the care provider with a clear written direction, and the care worker should document administration on the additional info sheets

The MMTDC must be contacted within 24-48hours so that the issue can be more satisfactorily resolved. In the unlikely event that the MMTDC absence were to continue, advice should be sought from the Prescribing Team in the locality, and if there is still no warfarin MAR provided, the GP should be contacted to arrange for the District Nurse to administer until the chart can be arranged.

To ensure continuity of warfarin MAR provision it is **essential** that the care provider inform the MMTDC as soon as possible should the patient be admitted to hospital. This will enable the MTDC to liaise/facilitate with the relevant hospital staff to ensure a warfarin MAR is provided on discharge.

Contact numbers:

MMTDC: 01639 862788

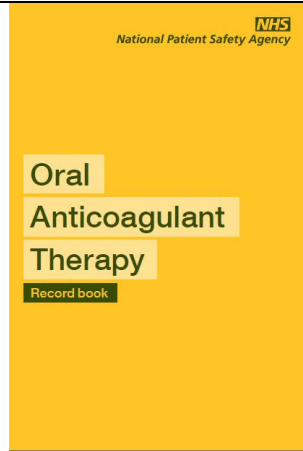

Prescribing Team (NPT Locality) 01792 326500

9. Anticoagulant Treatment Record

The NPSA (National patient Safety Agency) recommends that all patients taking warfarin should have an up to date anticoagulation treatment record. There are several different anticoagulation treatment records in use across ABM, which may include the provision of a yellow book. All service users needing level C support with warfarin in NPT will be issued with a yellow book, and this will need to be updated with each INR test. This book includes advice for patients on anticoagulant treatment, and may be accompanied by an alert card (see table 1 below) to be carried by the patient at all times, and a section for recording of INR results and dosage information, and serves as a health record which should accompany them at all health appointments such as outpatients, dentist etc.

The yellow book (or other form of treatment record) and warfarin MAR fulfil differing functions, in that they provide a health record whilst the MAR is a tool for administration, and therefore neither can be a substitute for the other and they are both required. The yellow book is widely utilised in NPT and will be completed by NPTH INR Clinic staff or MMTDC as appropriate (see *Pathway For Care Worker Administration Of Warfarin In Domiciliary Care* Appendix 8).

Table 1

	<p>This is a health record for the service user to carry with them to hospital appointments etc which allows the consulting practitioner access to important information about their anticoagulation therapy such as condition requiring treatment, duration of therapy, who is monitoring/managing the anticoagulant therapy, and a record of their INRs and dosing.</p>
	<p>This card should be carried by the service user and serves to alert health care professionals they may encounter that they are taking anticoagulant therapy</p>
<p>For an example of a Warfarin MAR see appendix 7</p>	<p>This is a tool for administration for careworkers which clearly sets out the dosing directions as prescribed, and is where the careworker records when they administer the warfarin.</p>
<p>For an example of a Warfarin Care Plan see appendices 4 & 5</p>	<p>The Warfarin Care Plan is compiled by the MMTDC and serves to clarify agreed arrangements for the administration of warfarin, and also to communicate directly to the care worker that this has been assessed and authorised.</p>

APPENDICES

Appendix 1: Guidance to levels of support

Appendix 2: MMTDC Warfarin risk assessment

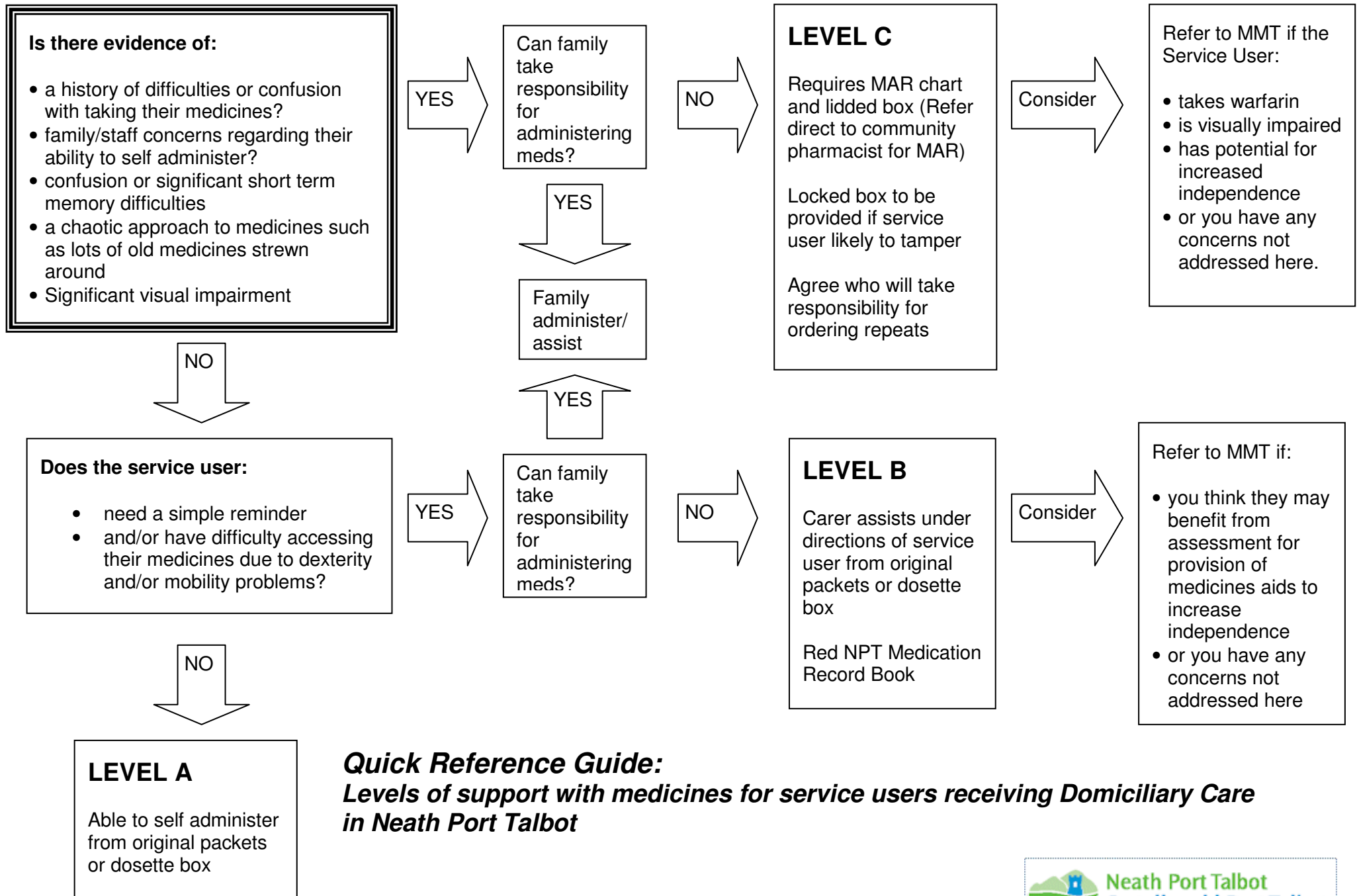
Appendix 3 : MMTDC referral form

Appendix 4& 5: Sample care plans

Appendix 6 Mental Capacity Act Code of Practice

Appendix 7: Sample MAR and Guidance for use

Appendix 8: Pathway for Care Worker Administration of Warfarin in Domiciliary Care



**Quick Reference Guide:
Levels of support with medicines for service users receiving Domiciliary Care
in Neath Port Talbot**

Summary of Levels of Support

Level	Ability of Service User
A	Able to manage medicines independently of home care worker, with or without support from pharmacist or family in administering, obtaining repeat prescriptions or the provision of dosette box.
B	Able to manage medicines with minimal support from home care worker or support from pharmacy. This may take the form of a simple reminder, or assistance to access medicines from packets (including placing in mouth if appropriate) under the directions of and in full view of the service user. The service user retains responsibility for administering their medicines. <i>(NB – support with medicines only available as part of package of personal care)</i>
C	Unable to be responsible for administering medicines due to cognitive or visual impairment. Where no family/informal carers are available to take responsibility for medicines, home care worker administers medicines using a MAR chart and medicines from original packets. <i>(NB – support with medicines only available as part of package of personal care)</i>

For a fuller explanation of the levels of support please refer to the *NPTCBC Medication Policy for Domiciliary Care, Jan 2009*

Are only 1mg warfarin tablets prescribed?	Yes	No
Does INR regularly need retesting more frequently than 1 x weekly?	Yes	No
Are half doses currently prescribed?	Yes	No
Is the service user taking NSAID?	Yes	No
Any concerns regarding other interacting medicines?		
Actions/comments:		
Is a locked box required?	Yes	No
Review date/arrangements:		
Date Assessed : _____ Signed: _____ Designation: _____		
I understand and agree that the information contained in this assessment may be shared with other health / social care professionals when appropriate for my care arrangements Service User's signature.....		

CONFIDENTIAL**MEDICATION MANAGEMENT TEAM (DOMICILIARY CARE) REFERRAL FORM****(For Service users receiving assistance with medicines from domiciliary care only)****Tel – 01639 862788, Fax – 01639 862768**

SERVICE USER DETAILS	
NAME OF SERVICE USER:	ID:
ADDRESS:	D.O.B:
TEL. NO:	
HAS SERVICE USER GIVEN CONSENT FOR REFERRAL?	Yes / No
NEXT OF KIN/MAIN CARER CONTACT: NAME & ADDRESS:	Other Relevant family/friend Contact: NAME & ADDRESS:
TEL. NO:	TEL. NO:
CONTACTS	
GP NAME & ADDRESS:	COMMUNITY PHARMACIST NAME & ADDRESS:
TEL. NO:	TEL. NO:
CARE PROVIDER NAME:	CARE MANAGER NAME:
TEL. NO:	TEL. NO:
REFERRAL INFORMATION	
REASON FOR REFERRAL & CURRENT CARE PROVISION: Please include nature of difficulties/concerns, care that service user currently receives and any other relevant information, e.g. recent discharge from hospital, attendance at day centre etc.	
REFERRAL COMPLETED BY	
NAME & DESIGNATION:	
TEL. NO:	
SIGNATURE:	
DATE OF REFERRAL:	

CARE PLAN FOR CARE WORKER ADMINISTRATION OF WARFARIN Example 1

Service user Details	
Name & address: Alice Daydream The Rabbit Hole Wonderland Tel No: 01234 567891	ID (Social Services): 12345 D.O.B: 01/02/1928 NHS No: 614 986 2234
Care Plan	
Duration of Treatment: Long term	Time warfarin to be given: 16.30hrs
INR tested by: District Nurse	Warfarin Dosed by: GP
Warfarin repeats ordered by: M. Hatter (friend)	Yellow book: MMN updates. Stored in locked box for safe keeping
<ul style="list-style-type: none"> Medicines Management nurse/Facilitator to request INR and warfarin dose (when due) from surgery. Medicines Management Nurse/Facilitator to undertake home visit on day following INR testing to provide up to date warfarin MAR, remove & audit previous MAR, and update yellow book Care worker to administer warfarin using warfarin MAR chart as per policy and procedure Only 1mg tablets to be prescribed/administered Should an urgent dose adjustment be required (i.e. the same day as the INR result) GP to contact Homecare provider via their office telephone number (or out of hours number if appropriate), and also fax the new written instruction to them. See below for contact details. If for any reason no MAR is provided, the care worker will be unable to administer the warfarin, and will alert their line manager immediately should this scenario occur. The warfarin MAR is monitored weekly by a senior carer who will inform the surgery of any concerns or occasions where the warfarin has not been given as prescribed for any reason. Medicines are stored in a *locked/hidden box Care worker to observe for any signs of bleeding/ excessive bruising and report any concerns to line manager who will forward to Medicines Management Nurse/Facilitator Community pharmacist to include warfarin on general MAR, but with the direction "<i>to be administered as per separate warfarin MAR</i>". 	
Contacts	
GP Name & address: Dr Kate. A Pillar Toadstool surgery Tel No:01234 098765	Community pharmacist Name & address: Drink Me Potions Croquet square Tel No: 01234 432109
Homecare provider Name & address: March Hare Care Tel No 01234 555222 Out of Hours No: 01234 555999	Meds Management Nurse/facilitator: Name & address: Tweedle Dee Cimla Hospital Tel No 01234 232232

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CARE PLAN FOR CARE WORKER ADMINISTRATION OF WARFARIN Example 2

Service user Details	
Name & address: Ida Clot Maystill Ave Bestbeshire Tel No: 01234 567891	ID (Social Services): 12345 D.O.B: 05/03/1935 NHS No: 614 986 4344
Care Plan	
Duration of Treatment: 6 months from 12/04/2011	Time warfarin to be given: 20.30hrs
INR tested by: NPTH INR Clinic	Warfarin Dosed by: NPTH INR Clinic
Warfarin repeats ordered by: Care worker	Yellow book: Care worker to remind Ida to take book with her to clinic appointment. Stored in locked box for safe keeping on her return
<ul style="list-style-type: none"> Attends NPTH INR clinic via hospital transport. INR Clinic staff to provide up to date warfarin MAR which is placed in the yellow book for Ida to take home. Care worker to place in locked box at the following call. Care worker to administer warfarin using warfarin MAR chart as per policy and procedure Only 1mg tablets to be prescribed/administered If for any reason no MAR is provided, the care worker will be unable to administer the warfarin, and will alert their line manager immediately should this scenario occur. The warfarin MAR is monitored weekly by a senior carer who will inform the INR Clinic of any concerns or occasions where the warfarin has not been given as prescribed for any reason. Medicines are stored in a *locked/hidden box Care worker to observe for any signs of bleeding/ excessive bruising and report any concerns to line manager who will forward to NPTH INR Clinic/GP as appropriate Community pharmacist to include warfarin on general MAR, but with the direction <i>"to be administered as per separate warfarin MAR"</i>. 	
Contacts	
INR Clinic Name & address: NPTH Tel No:01234 098765	Community pharmacist Name & address: MARs U Like High Street Tel No: 01234 432109
Homecare provider Name & address: Social services homecare Tel No 01234 921290 Out of Hours No: 01234 921290	Meds Management Nurse/facilitator: Name & address: Laurel N Hardy Cimla Hospital Tel No 01234 232232

**deleted as appropriate*

Mental Capacity Act Code of Practice



M:\MCA code of
practice.pdf

Neath Port Talbot Domiciliary Care Warfarin Medication Administration Record Chart

Name: <u> Minnie Mouse </u> D.O.B: <u> 01/01/1911 </u> Address: <u> 1 Towntown Lane </u> <u> Disneyland </u> NHS No: <u> 1234 5678 9101 1121 </u>	ADDITIONAL COMMENTS: DN booked to take blood for next INR
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Warfarin dosing is as follows:
 From13/09/2012. To (Next INR due) ...04/10/2012.

To be given once daily at...19.00...hrs

Every Monday ...2.....x 1mg tablets
 Every Tuesday 2.....x 1mg tablets
 Every Wednesday 3.....x 1mg tablets
 Every Thursday 2.....x 1mg tablets
 Every Friday ...2.....x 1mg tablets
 Every Saturday 3.....x 1mg tablets
 Every Sunday 2.....x 1mg tablets

Additional Dosage Comments:.....

Dosed /Compiled by...Ivor Needle..... Designation...Pharmacist.....

Day & Date	Time	Amount Given	Signed
Thurs 13/09/12	19.15hrs	2 x 1mg tablets	A. Goodcarer
<i>Fri 14/9/12</i>	<i>18.50hrs</i>	<i>2 x 1mg tablets</i>	<i>Eve. N. Better</i>
<i>Sat 15/9/12</i>	<i>19.00hrs</i>	<i>3 x 1mg tablets</i>	<i>Betty Boo</i>
Sun 16/9/12	19.30hrs	2 x 1mg tablets	A. Goodcarer
<i>Mon 17/9/12</i>	<i>09.00hrs</i>	<i>MAR checked & correct</i>	<i>Ima Senior (supervisor)</i>
Mon 17/9/12	18.20hrs	2 x 1mg tablets	D. Duck
<i>Tues 18/9/12</i>	<i>19.05hrs</i>	<i>2 x 1mg tablets</i>	<i>Eve. N. Better</i>

Responsibilities and Guidelines for using Warfarin MAR

Care Worker Administering Medicines (Level C)

1. Check homefile for Warfarin Care Plan which is printed on Yellow Paper. If this is not present then ***do not*** administer but contact the supervisor immediately for advice
2. Check the name/details on the Warfarin MAR to ensure it is for the right service user
3. Check the 'from' and 'to' date to ensure the MAR is 'in date'
 - a. N.B. If the MAR is NOT in date then ***do not*** administer but contact the supervisor
4. Check what time it is to be given
5. Check the dose to be given for that day i.e. in our example, on Thursday it is 2 x 1mg tablets.
6. Prepare the Warfarin as you would do for any other medicine (such as checking expiry date etc)
7. Check that the warfarin supplied is 1mg tablets and not a higher strength (if 1mg tablets ***have not*** been supplied contact the supervisor)
8. Sign the Warfarin MAR (see example MAR above)
9. Any errors or difficulties are to be reported to the office/duty supervisor immediately. And please document that you have done so
10. Completed warfarin MARs must be removed as soon as practicable and forwarded to the care provider office for filing & audit

Supervisor/Manager

11. Supervisor/Manager must audit the completed chart on when it is returned to the office for filing, and document the findings on the chart. In particular checking must include:
 - i. The Warfarin MAR is in date
 - ii. The correct number of tablets have been administered
 - iii. The time of administration is within an hour (either way) of the time stated
12. Should any discrepancies be found, the Supervisor/Manager must seek advice from the professional who is responsible for dosing the warfarin as soon as possible (contact details can be found on the Warfarin Medication Care Plan). As with all incidents a medicines incident form/reg 26 must be completed as appropriate
13. Should the service user be admitted to hospital, the Supervisor/Manager must inform the MMTDC at the earliest opportunity

Medicines Management Team

14. Medicines Management Team will initiate/facilitate Warfarin MARs as appropriate
15. Medicines Management Team will routinely review quarterly (or sooner) in first instance, and then a minimum of 6 monthly

PATHWAY FOR CARE WORKER ADMINISTRATION OF WARFARIN IN DOMICILIARY CARE

