 



# PROTOCOL FOR ADMINISTRATION OF WARFARIN IN DOMICILIARY CARE IN NEATH PORT TALBOT AND SWANSEA

*(Approved By Medicines Management Group ………)*

## 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) and Swansea. It accompanies the NPT and Swansea 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*). Thereafter, the Provider service will monitor the support required.

## 3. Referral to Community Medicines Management Team (CMMT)

All service users requiring Level C support with taking Warfarin **must** be referred to the appropriate CMMT who will undertake a risk assessment and facilitate warfarin administration (see appendices 2 & 3). They can be referred via email or telephone to the relevant CMMT:

Neath Port Talbot CMMT: 01639 862788 Email: sbu.medsmanagementdomiciliarycare@wales.nhs.uk

Swansea CMMT: 01792 517978 Email: SBU.MedsmanagementTeam@wales.nhs.uk

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.

CMMT will prioritise the referral, and if required, support will be put into place as soon as it is needed.

CMMT operate between the hours of 9.00-17.00, if an assessment is required outside of these hours, advice must be obtained from 111/GP/INR clinic to ensure no doses are missed.

It is ***essential*** that any referrals to the CMMT 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 regimens are not deemed as complex[[1]](#footnote-2) it may be administered by Care Workers using a warfarin MAR which is compiled by NPT INR Clinic, CMMT or Dispensing Practices who are approved to participate in this additional service.

Where Warfarin is assessed by the CMMT 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 CMMT will negotiate other arrangements for administering the warfarin with the family/informal carer in the first instance. Where this support is not available ACT/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 ACT/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 CMMT – *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 CMMT is present in the home file
* a Warfarin MAR 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 CMMT 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 CMMT 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 CMMT, and where the CMMT 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/ACT/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 INR clinic/CMMT/GP as a matter of urgency. If the relevant INR clinic/CMMT/GP are not contactable advice must be sought from 111.

If there have been any changes to the regular medication or new medication started, then CMMT/INR clinic must be informed.

Copies of the Warfarin Care Plan will be sent to the GP/INR Clinic/Community Pharmacist/Care Provider/DN and Care Management (Social Work) team/family where appropriate by the CMMT. NB: During assessment by the CMMT 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 process

Whilst the principles and standards are aligned across SBU footprint, with regards to how INR results and dosing are achieved, local variations to processes occur.

**NPT Process:** (also see Appendix 9)

All patients resident within NPT who require support with administration of warfarin from care workers will be managed by INR clinic for their warfarin INR and dosing, working in partnership with the CMMT.

Where the service user is **not housebound** they will attend NPT INR Clinic and the Warfarin MAR is provided by pharmacy staff at the point of testing & dosing.

Where the service user is housebound and is managed by NPT INR clinic, CMMT will undertake INR Point Of Care testing at the home and NPT INR clinic will dose and provide a warfarin MAR chart which CMMT will return to the home.and update yellow book..

Where the service user is managed by an INR clinic other than NPTH and now needs level C support, the CMMT 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) until transfer to NPTH INR clinic is completed. This information must:

* be in writing
* 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

**Swansea Process:** see Appendix 10

## 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 & 8) 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/MRN 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 ‘16/07/2024’
* 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 checked for any missed/incorrect doses then removed 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 CMMT 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 Health professional as outlined on the warfarin care plan.

Under normal circumstances, provision of warfarin MARs is restricted to relevant INR Clinic or members of the CMMT, and is outlined in the *Pathway For Care Worker Administration Of Warfarin In Domiciliary Care* (Appendix 9 & 10). However in extenuating circumstances, such as the unlikely event of both CMMT and relevant INR clinic not being available (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 CMMT must be contacted within 24-48 hours so that the issue can be more satisfactorily resolved.

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

If there is a change in care providers relevant CMMT must be informed.

**Contact details:**

Neath Port Talbot CMMT: 01639 862788 Email: sbu.medsmanagementdomiciliarycare@wales.nhs.uk

NPT INR CLINIC: 01639 862171

Swansea CMMT: 01792 517978 Email: sbu.CRTMedsManagementTeam@wales.nhs.uk

Swansea INR clinic: 01792 200408

## 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 SBUHB, which may include the provision of a yellow book which is 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 the yellow book provides 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 (not in Swansea) and will be completed by NPTH INR Clinic staff or CMMT as appropriate (see *Pathway For Care Worker Administration Of Warfarin In Domiciliary Care* Appendix 9 & 10).

 *Table 1*

|  |  |
| --- | --- |
| Oral anticoagulant book  | 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.  |
|   | 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  |

# APPENDICES

Appendix 1: Guidance to levels of support

Appendix 2: CMMT Warfarin risk assessment

Appendix 3: CMMT referral form

Appendix 4 & 5: Sample care plans

Appendix 6 Mental Capacity Act Code of Practice

Appendix 7: Sample MAR

Appendix 8: Guidance for use

Appendix 9: Pathway for Care Worker Administration of Warfarin in Domiciliary Care **Neath Port Talbot**

Appendix 10: Pathway for Care Worker Administration of Warfarin in Domiciliary Care **Swansea**

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**Is there evidence of:**

•

 a history of difficulties or confusion

with taking their medicines?

•

 family/staff concerns regarding their

ability to self administer?

•

 confusion or significant short term

memory difficulties

•

 a chaotic approach to medicines such

as lots of old medicines strewn

around

•

 Significant visual impairment

Can family

take

responsibility

for

administering

meds?

**Does the service user:**

•

need a simple reminder

•

and/or have difficulty accessing

their medicines due to dexterity

and/or mobility problems?

Family

administer/

assist

Can family

take

responsibility

for

administering

meds?

**LEVEL B**

Carer assists under

directions of service

user from original

packets or dosette

box

Red Medication

Record Book

Refer to CMMT if:

•

 you think they may

benefit from

assessment for

provision of

medicines aids to

increase

independence

•

 or you have any

concerns not

addressed here

**LEVEL A**

Able to self administer

from original packets

or dosette box

***Quick Reference Guide:***

***Levels of support with medicines for service users***

***receiving Domiciliary Care in NPT or Swansea***

NO

NO

NO

YES

YES

YES

YES

NO

Consider

Consider

**LEVEL C**

Requires MAR chart

and lidded box (Refer

direct to community

pharmacist for MAR)

Locked box to be

provided if service

user likely to tamper

Agree who will take

responsibility for

ordering repeats

Refer to CMMT if the

Service User:

•

 takes warfarin

•

 is visually impaired

•

 has potential for

increased

independence

•

 or you have any

concerns not

addressed here.

Appendix 1

## *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. *(NB – support with medicines only available as part of package of personal care)*   |
| **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.  *(NB – support with medicines only available as part of package of personal care)*  |

Appendix 2

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# WARFARIN RISK ASSESSMENT FOR DOMICILIARY CARE

|  |
| --- |
|  **Service User Details** |
| **Name:****Address:****Phone number:** | **D.O.B:** **Hosp no:**  |
|  **Assessment** |
| **Condition Requiring Treatment** |  |
| **Target INR** |  |
| **Date treatment started & intended duration of therapy** |  |
| **If newly started on Warfarin, has therapeutic level been achieved?** |  |
| **Where is INR monitored?** |  |
| **Are bloods taken at hospital or via district nurse?** |  |
| **What arrangements are made to update the yellow book** |  |
| **How is information about dosing communicated following INR?** |  |
| **How is warfarin currently administered?** who administers, at what time, and whether included in MDS  |  |
| **How will repeats be reordered and collected/delivered?** |  |
| **Are only 1mg Warfarin tablets prescribed?** |  |  |
| **Does INR regularly need retesting more frequently than 1x weekly?** |  |  |
| **Are half dosed currently prescribed?** |  |  |
| **Is the service user taking NSAIDS?** |  |  |
| **Any concerns regarding the other interacting medicines?** |  |
|  **Actions / Comments** |
|  |
| **Is a locked box required?** |  **no** |  |
| **Review date /Arrangements:** |  |
|  |
| **Date:****Signed: Medicines Management Team****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: ----------------------------------------------**  |

 Appendix 3



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**CONFIDENTIAL**

**MEDICATION MANAGEMENT TEAM REFERRAL FORM**

**(For Service users receiving assistance with medicines from domiciliary care only)**

|  |
| --- |
| **SERVICE USER DETAILS** |
| NAME OF SERVICE USER: ID:ADDRESS: D.O.B:TEL. NO: |
| HAS SERVICE USER GIVIEN CONSENT FOR REFERAL? **Yes / No** |
| **NEXT OF KIN/MAIN CARER CONTACT:**NAME & ADDRESS:TEL. NO: | **Other Relevant family/friend Contact:**NAME & ADDRESS:TEL. NO: |
| **CONTACTS** |
| **GP** NAME & ADDRESS:TEL. NO: | **COMMUNITY PHARMACIST**NAME & ADDRESS:TEL. NO: |
| **CARE PROVIDER**NAME:TEL. NO: | **CARE MANAGER** NAME: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: |

**Please submit the completed referral to the local medicines management team – Domiciliary Care as detailed below**

|  |  |  |  |
| --- | --- | --- | --- |
| Local Team | Address | Telephone | E-mail |
| Neath Port Talbot | Cimla Health and Social Care Centre, Cimla, Neath. SA11 3SU | 01639 862788 | SBU.MedsManagementdomiciliarycare@wales.nhs.uk |
| Swansea | 2nd Floor, Beacon Centre for Health, Langdon Rd., Swansea. SA1 8QY | 01792 517978 | SBU.CRTMedsManagementTeam@wales.nhs.uk |

Appendix 4



**CARE PLAN FOR CARE WORKER ADMINISTRATION OF WARFARIN**

|  |
| --- |
| **Service user Details** |
| **Name & address:** Ida ClotMaystill AveBestbeshire**Tel No: 01234 567890** | **ID (Social Services): 30987987****D.O.B: 11/3/1926****NHS No: 123-345-6789** |
| **Care Plan** |
| **Duration of Treatment:** **Long Term** | **Time warfarin to be given:** 20.00hrs (bed call) |
| **INR tested by:** CommunityMedicines Management Team – Point of Care Testing | **Warfarin Dosed by:** NPTH pharmacy INR clinicTel 01639 862169/862170 |
| **Warfarin repeats ordered by:** Care worker to contact community pharmacy to reorder before starting last available box of warfarin tablets | **Yellow book:** To be updated by Community Medicines Management Nurse/Facilitator  |
| * Community Medicines Management Team (CMMT) will undertake Point of care test for INR
* INR clinic to email compiled MAR and date of next INR to CMMT
* CMMT to send copy of MAR to GP for information only
* Community Medicines Management Nurse/Facilitator to undertake 2nd home visit to provide up to date warfarin MAR, remove & audit previous MAR, and update yellow book
* Care worker to administer warfarin per policy and procedure and inform line manager if warfarin not administered for any reason
* 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 the Community Medicines Management Nurse/Facilitator should this scenario occur
* Care worker to observe for any signs of bleeding/ excessive bruising and report any concerns to line manager who will forward to Community Medicines Management Nurse/Facilitator
* CMMT to inform INR Clinic of any change to care provider.
* Community pharmacist to include warfarin on general MAR, but with the direction *“to be administered as per separate warfarin MAR”.*
 |
| **Contacts** |
| **GP**.Dr. Who and Partners,Gallifrey Street,Tel No: 02345 677890 | **Community pharmacist**MARs U LikeHigh StreetTel No: 02345 789009 |
| **Homecare provider** **Good Care at Home**Tel No: 02345 12345 | **Community Meds Management Team:**C/o CRT, Tel No: 01639 862788 |

Appendix 5

 

**CARE PLAN FOR CARE WORKER ADMINISTRATION OF WARFARIN**

|  |
| --- |
|  **Service user Details** |
| **Name/address** | **D.O.B: MRN:** **NHS:** |
|  **CARE PLAN** |
| **Duration of Treatment:**  Indefinitely | **Time warfarin to be given:**  |
| **INR tested by:**  DNs or MMT | **Warfarin Dosed by**: INR Clinic |
| **Warfarin repeats ordered by:** Care worker to inform Pharmacy/surgery as care plan | **Sealed INR result stored:**Service users home and MMT   |
| * **INR Clinic** to email INR result, dosing schedule and date of next INR to Medicines Management Team
* Medicines Management Team will arrange blood test as instructed by INR clinic
* Medicines Management Team to undertake home visit on the day following INR testing to provide up to date Warfarin MAR using the newly updated results, remove & audit previous MAR.
* Care worker to administer as per warfarin MAR chart adhering to policy & procedure and inform line manager immediately if warfarin is not administered for any reason.
* **Only 1mg tablets** can be prescribed / administered.
* Warfarin stored in locked box/lidded with other meds, with MAR chart and Warfarin MAR chart.
* **Should an urgent dose adjustment be required** INR Clinic to telephone the Homecare provider (or out of hours if appropriate) ***AND ALSO INFORM MMT***
* **If no warfarin MAR is provided, the care worker** **will be unable to administer warfarin**. The MMT must be notified immediately should this occur or GP/out of hours.
* The warfarin MAR is monitored weekly by the senior carer who will inform MMT of any concerns or occasions where the warfarin has not been given as prescribed for any reason.
* MMT to inform the INR clinic of any change to care provider.
* Care worker to observe for any signs of bleeding/excessive bruising and report any concerns to line manager who will inform the MMT.
* **Pharmacist** to include Warfarin on general MAR with the directions ***“To be administered as per separate warfarin MAR chart”.***
 |
|  **Contacts** |
| **GP:** Tel No: 01792  | **Pharmacy:** Tel No: 01792  |
| **Homecare provider**: Tel No: 01792 | **Medicines Management Team-** Tel. 01792 517978  |

Appendix 6

# Mental Capacity Act Code of Practice



M:\MCA code of practice.pdf

Appendix 7



Appendix 8

**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

1. Check what time it is to be given
2. Check the dose to be given for that day i.e. in our example, on Thursday it is 2 x 1mg tablets.
3. Prepare the Warfarin as you would do for any other medicine (such as checking expiry date etc.)
4. Check that the warfarin supplied is the correct strength - 1mg tablets and not a higher strength
5. Sign the Warfarin MAR (see example MAR above)
6. Any errors or difficulties are to be reported to the office/duty supervisor immediately. And please document that you have done so
7. Completed warfarin MARs must be removed as soon as practicable and forwarded to the care provider office for filing & audit Supervisor/Manager
8. 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:
	1. The Warfarin MAR is in date
	2. The correct number of tablets have been administered iii. The time of administration is within an hour (either way) of the time stated
9. 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
10. Inform your supervisor should the following occur:
* Any medication is stopped, started or the dose is changed
* The person has been unwell, particularly with infections or diarrhoea and/or vomiting
* The person is admitted to hospital
1. Should the service user be admitted to hospital, the Supervisor/Manager must inform the

CMMT at the earliest opportunity

**Medicines Management Team**

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

Appendix 9



**PATHWAY FOR CARE WORKER ADMINISTRATION OF WARFARIN**



**IN DOMICILIARY CARE NEATH PORT TALBOT**

 **Appendix 10**

 

**Pathway for Care Worker Administration of Warfarin in Domiciliary Care Swansea**

Need identified for support with Warfarin

Referral to Swansea Medicines Management Team (MMT) Domiciliary care for:

* Undertaking risk assessment
* Agreeing/compiling care plan, cc’d to GP/INR clinic/Community pharmacy/ District nursing team as appropriate
* Ensuring care workers are trained to administer Warfarin
* Ensuring yellow copy of the care plan is placed in the individuals care file
* Undertaking INR test
* Providing up to date yellow Warfarin MAR chart
* Ensuring yellow care plan is removed if treatment is discontinued

Anticoagulation clinic to:

* Monitor and dose Warfarin
* Email dose letter to MMT generic email

MMT to undertake home visit on the following day to:

* Audit and remove previous Warfarin chart
* Provide new updated Warfarin chart
* Arrange next INR test
* Alert GP/INR clinic of any concerns

Care provider:

* Care workers administer Warfarin as per MAR and care plan
* Care supervisor monitors Warfarin MAR chart every 7 days
* Alerts INR clinic/MMT of any concerns
* Care worker to reorder supply of Warfarin
* Care supervisor to alert MMT if the individual is admitted to hospital

NB: Should an urgent dose adjustment be required (i.e. the same day as the INR result) INR clinic to contact homecare provider and MMT. Where the individual is not managed by Swansea anticoagulation clinic, MMT will make arrangements for obtaining dosing directions from the appropriate practitioner in order to provide a Warfarin MAR until transfer to Swansea anticoagulation clinic is completed.

1. For example, not stabilised yet on initiation of treatment, frequently needing retesting on a daily basis

 [↑](#footnote-ref-2)