

# QAPI Anticoagulant Tool

Utilize this tool to review and establish processes to monitor residents treated with anticoagulant medication for potential adverse drug events (ADEs). Using this tool is recommended upon resident admission, for current residents taking anticoagulants, at each MDS review, and with new or adjusted medication changes.

*Please note that this tool is designed for quality improvement purposes and is not intended to guide clinical care decisions; nor is it guaranteed to be a comprehensive tool.*

Resident Name/Identifier: \_\_\_\_\_

Prescribed Anticoagulant(s): \_\_\_\_\_

Is there documentation of clinical indication?

Yes       No

Documented diagnosis: \_\_\_\_\_

Do the physician orders include lab parameters/ranges?

Yes       No

Do nurse notes and physician progress notes include documentation of labs?

Yes       No

Per physician orders, how often are labs (PT/INR, PTT) to be done for this resident? \_\_\_\_\_

Date of last lab test: \_\_\_\_\_

What was the lab in desired/therapeutic range?

Yes       No

Are anticoagulants reviewed during monthly pharmacy consultations?

Yes       No

If on warfarin, has the dietary team reviewed the dietary plan, including recognition of foods that interact with this medication (e.g., ensuring limited intake of foods/beverages rich in vitamin K, such as dark leafy greens, etc.)?

Yes       No

How often is this dietary review conducted? \_\_\_\_\_

Has this resident/resident's family been educated on the potential risk factors and signs/symptoms that could indicate excessive bleeding or blood clots due to their medication?

Yes       No

Has a fall risk assessment been completed?

Yes       No

If yes, are there fall prevention interventions in place?

Yes       No

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Does this resident have any of these potential risk factors for bleeding related to anticoagulant medication use that could be the cause of an adverse drug event (ADE)?

- Concurrent use of more than one antithrombotic medication such as anticoagulants, antiplatelets, thrombolytics (e.g., use of aspirin while on anticoagulants)
- History of stroke or GI bleed
- NSAID medication use while on anticoagulants
- Antibiotic use while on anticoagulants
- Amiodarone use while on anticoagulants
- Dietary changes affecting Vitamin K intake (e.g., dark leafy greens)

Does this resident have any of these potential signs/symptoms for bleeding related to anticoagulant medication use that could be the cause of an ADE?

### **Bleeding**

- Elevated PT/INR, PTT
- Low platelet count
- Bruising
- Nosebleeds
- Bleeding gums
- Prolonged bleeding from wound, IV, or surgical sites
- Blood in urine, feces, or vomit
- Coughing up blood

### **Clots**

- Abrupt onset hypotension
- Pain or tenderness and swelling of upper or lower extremity
- Increased warmth, edema and/or erythema of affected extremity
- Unexplained shortness of breath
- Chest pain
- Coughing
- Feelings of anxiety or dread

Should this resident experience any of the S/S above, is there a documented process and procedure for how this is to be communicated to the medical provider and what are the next steps to treat the resident?

- Yes       No

Is the resident's care plan updated to reflect anticoagulant use, potential risks, and adverse effects along with appropriate interventions?

- Yes       No

### **Additional Considerations**

- 'No' responses are indicators that improvement may be needed. We recommend the QAA committee/QAPI team review this completed tool and follow required QAPI improvement practices. Please feel free to contact Qsourcev for support and assistance.
- Confirm all staff have been educated on the S/S of ADEs related to anticoagulation use.
- Ensure nursing staff have been educated on the processes/procedures related to anticoagulation use.
- Is there an auditing process to confirm compliance to training/education and documentation related to anticoagulant use?
- Incorporate this information and other potential triggers into your EHR system if applicable.
- Is there a system in place to alert physicians and nursing staff when anticoagulants are combined with other drugs which increase the risk of bleeding?