This flyer provides guidance to staff for safe use of anticoagulants in care homes in relation to warfarin (NPSA alert 18, 2007) & the Direct Oral Anticoagulants (DOACS) apixaban, dabigatran, edoxaban and rivaroxaban.

ACTIONS THAT CAN MAKE THE USE OF ORAL ANTICOAGULANTS SAFER IN CARE HOMES

- Residents on warfarin must have a yellow book and doses expressed in mg & not as number of tablets. The condition section (front) must be completed (by clinician) with accurate information including indication, target INR, GP & monitoring clinic attended.
- The yellow book should be updated with the warfarin dose, INR, & next INR test date at every clinic appointment.
- The yellow book must be:
    a. Checked daily when administering warfarin & and when ordering.
    b. Copied (information on recent INR/ date of next test) and sent to the GP with every request for warfarin.
    c. Kept with the MAR Chart. For the dosage, give the least number of tablets.
- Do not break tablets. 500 microgram (0.5mg) tablets should be obtained if required.
- When administering warfarin, record number of tablets given against the corresponding strength on the MAR & sign below it.
- Try to avoid missing appointments & add to the care home diary to keep track of when the next INR test is due. Contact the monitoring clinic if any resident cannot attend their appointment.
- Changes in dose should be confirmed in writing from the monitoring clinic (secure email is preferable or fax acceptable if an urgent change is required and the yellow book cannot be updated). Only in emergency cases should a verbal change be accepted & the new instructions understood and recorded by 2 care home staff to minimise errors.
- Any changes to medicines (started or stopped) including antibiotics should be communicated to the monitoring clinic on the same day or next day. The clinic will advise if the next INR test is needed more urgently.
- Use of warfarin in blister packs is not recommended as these systems cannot facilitate frequent dosage changes.
- For missed doses of warfarin, take as soon as you remember. Do not give two doses on the same day.

- For missed doses of DOACs administer the dose immediately once realised. Do not double up within the same day to make up for a missed dose. For dabigatran 2 doses cannot be given within 6 hours of one another. Refer to patient information leaflet or contact GP/LIMOS/community pharmacist if unsure.
- For all anticoagulants record any missed dose in the incident book, on the MAR and inform the GP.
- DOACs (**apixaban, dabigatran, edoxaban, rivaroxaban)** should have the indication & duration of therapy on the label and on the medicines care plan. Where missing, liaise with your LIMOS pharmacist or GP to facilitate.
- If blister packs used within the care home setting, DOACs can be put into these systems once the dose is stable, **except dabigatran**.
- For residents initiated on and supplied with DOACs from a hospital, ensure current & subsequent MAR charts are updated to ensure no doses are missed in error.

- Hospital discharges: If a resident returns to a care home without a yellow book or written information, staff must contact the discharging ward for written confirmation of the warfarin dose required & the date of the next INR test immediately.
- Injuries sustained in residents taking oral anticoagulants should be reported for medical advice. Specifically a potential injury to the head (e.g. following a fall) should be reported urgently, as well as multiple bruises, or bruising that worsens without a cause. Report any nose bleeds or bleeding gums, coughing up blood, black stools or blood in urine.
- Anticoagulants thin the blood - seek medical attention if any bleeding lasts more than 10 minutes.
- Residents on warfarin or a DOAC must carry a yellow anticoagulant card and show to all health professionals.

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