

July 2015

EPIC – Anticoagulation Update



Issue 60 Contents

EPIC – Anticoagulation Update

Following the launch of EPIC clinical system in Oct 2014, the Trust has undertaken a review of anticoagulation processes. Significant updates to the prescribing, monitoring and discharge of patients on anticoagulation have been made.

Key changes active from Tuesday 21st July include:-

1. Warfarin inpatient prescribing

New “warfarin loading/maintenance” dose panel that includes:-

- ❖ Order for recording indication, target INR etc.
- ❖ Warfarin dose (warfarin tablet order) or option to select “no warfarin dose today”
- ❖ INR and other tests
- ❖ Access to warfarin fast dose loading panel within warfarin tablet order
- ❖ Previous INRs and doses visible within warfarin tablet order

2. Warfarin expiring orders

Warning appears **18 hrs.** after last dose administration indicting decision required on today’s dosing (provided the indication/target INR order has been completed). This is visible to doctors, nurses and pharmacists.

3. Anticoagulation report

Access to report indicting details all anticoagulants received over defined time periods.

4. Warfarin discharge

New Warfarin discharge order set panel.

Note at discharge all other orders should be cancelled and a the new “warfarin discharge panel should be used.

5. Rivaroxaban/apixaban/dabigatran discharge

Additional fields requiring details of indication, duration and follow up.

6. Anticoagulation resources

Staff may access via the Pharmacy pages of Connect the “[EPIC Medicines Safety Training Resources](#)” link and from click on “anticoagulation”. This will provide guidance on processes within EPIC. The resource includes:-

- ❖ **Safe prescribing, monitoring and discharge of anticoagulation within EPIC presentation**
- ❖ **Medicine Matters Bulletin on EPIC anticoagulation changes**

In addition staff may access within EPIC anticoagulation orders or from “[Anticoagulation Documents](#)” link on the Pharmacy pages of Connect all key guidelines related to safe anticoagulation within the Trust.

Summary of oral anticoagulation discharge arrangements

Warfarin – newly started during the current admission?

- ❖ Complete EPIC discharge orders
- ❖ Book for follow up within 7 days by the Addenbrooke's Anticoagulant Clinic (ext. 3127) (in some cases by the TTT). This is actioned by telephone booking and also by clicking "OPD Referral to Anticoagulant Service" tab in the discharge order.
- ❖ For warfarin, details of the appointment, previous doses and INR and post discharge doses should be recorded within the yellow anticoagulant book.
- ❖ If out of hours discharge, click relevant tab within the discharge order and follow relevant steps.

Rivaroxaban/apixaban/dabigatran -newly started during the current admission?

- ❖ Book for follow up within 7 days by the Addenbrooke's Anticoagulant Clinic. This is actioned by telephone booking (ext. 3127)and also by clicking "OPD Referral to Anticoagulant Service" tab in the discharge order.
- ❖ Print the patient information leaflet from Connect and record the details of the appointment page 1 of the PIL and hand to patient.
- ❖ If out of hours discharge, click relevant tab within the discharge order and follow relevant steps.

Patient counselling

Pharmacy staff (or other accredited staff) should ensure that counsel all patients newly started on oral anticoagulation during the current admission.

The counselling checklists are available within Connect. These should be used for reference only. Once counselling complete make an entry in the medical notes stating "Warfarin/rivaroxaban/apixaban/dabigatran counselling at discharge completed. In the next few weeks a smart text will be developed whereby details of all the key counselling points can easily be added and amended within the progress notes.

Referral criteria for Thrombosis Treatment Team (TTT)

The TTT is a team of specialist nurses who facilitate the early discharge of patients requiring anticoagulation in an outpatient setting and provide a fast track **DVT assessment service** in an outpatient setting.

Fast warfarin loading can be managed by the TTT in the outpatient thrombosis clinic on EAU3. **Inpatients with DVT being considered for discharge need to be fit for discharge and able to return to Thrombosis Clinic daily (including weekends). If considering using the service, ring the TTT nurses on ext. 3877 or bleep 152 926.**

Opening times: Monday – Friday 09.00-16.30hrs and Weekends & Bank Holidays 09.00-12.00hrs