

6.1 Appendix A - NHS Grampian Self-Management of International Normalised Ratio (INR) in Primary Care Assessment and Agreement

To be completed for all patients undertaking self-management of INR in Primary Care. Refer to NHS Grampian Guidance for Primary Care Patients (Adult) on Warfarin who are Self-managing their International Normalised Ratio (INR) Using Point of Care Coagulometers.

Patient Name:		GP Practice:	
Date of Birth:		Indication:	
CHI Number:		Target INR:	
Step 1: Assessment			Tick when completed
The patient is stable on life-long warfarin.			
The patient is willing to or has purchased the CoaguChek® INRange system.			
Benefits and risks have been discussed with the patient (including but not limited to): Benefits: <ul style="list-style-type: none"> Enhances quality of life, patient is not restricted by clinic appointments. Enables the patient to participate in self-management of their condition. Risks: <ul style="list-style-type: none"> Misinterpreting results or inappropriate titration of doses resulting in haemorrhage or thrombosis. 			
An appointment has been arranged for the patient to be shown how to undertake INR blood test monitoring, interpretation of results dose adjustment (steps 2-9). Date of appointment: Note: The number of appointments required to complete all steps will be dependent on the patient.			
The patient's file has been annotated to indicate when they commenced self-managing of INR. Record the read code #66QE - Self monitoring of INR as a Problem Read Code on the patient's file and forthcoming review dates.			
Step 1 Completed Signature: _____ Date: _____ Designation: _____			

Step 2: INR testing using the CoaguChek® INRange system and recording the result		Tick when completed
Demonstrate	How to set up the machine (if not already done).	
	How to use the Code Chip that comes with each pack of test strips.	
	How to check the expiry date before using each test strip.	
	How to obtain the blood sample.	
	How to test the blood sample using the CoaguChek® INRange system.	
Explain	How to read the results on the CoaguChek® INRange system.	
	The patient's target INR and acceptable INR range.	
	Frequency of INR testing required as per patient's schedule (referring to the dose adjustment chart).	
	The preferred timing of tests. Tests should be undertaken in the morning on a week day (Monday-Friday) so that patients can contact their Primary Care Team if they need advice on the result and dose adjustment.	
	How to safely dispose of waste generated during INR testing (sharps, other contaminated waste and packaging) as per NHS Grampian Waste Management Policy .	
	Explain how to record the INR result in the anticoagulant (yellow) book.	
<p>Supervise the patient undertaking the above until deemed competent to carry out testing independently.</p> <p>The number of supervised INR tests before commencing testing independently will depend on the individual patient and may require more than one appointment with a Healthcare Professional.</p> <p>Dates of further appointments (if required):</p> <p>Date of appointment:</p> <p>Date of appointment:</p>		

Date of appointment: Note: this should be done by a Healthcare Professional who has experience using the CoaguChek® INRange system.	
Step 2 Completed Signature: _____ Date: _____ Designation: _____	

Step 3: Interpreting INR results and dose adjustments		Tick when completed
Confirm diagnosis and target INR with the patient.		
Provide written information on the patient's current target INR and acceptable range. Check that the information contained within the relevant dose adjustment chart is suitable for the patient's requirements (Appendices B-E), adapt if necessary. Note: If the target INR changes a new dose adjustment chart must be checked before being provided for the patient.		
Explain	How to use the dose adjustment chart and determine the appropriate testing schedule.	
	How to record dose adjustments in the anticoagulant (yellow) book (including the importance of this).	
	That if the INR result is outwith the patient's acceptable INR range on 3 consecutive tests (as per the patient's testing schedule) the patient must contact the Primary Care Team for review.	
	If the INR result is 4.6 or above at any time the patient must recheck their INR immediately. If the result remains 4.6 or above they must contact the Primary Care Team for advice and the next warfarin dose should not be taken until advice has been received.	
	Any patient specific advice regarding INR testing and dose adjustments (if any).	
Record the read code #66Q1 – initial warfarin assessment in the patient's file.		
Step 3 Completed Signature: _____ Date: _____ Designation: _____		

Step 4: Primary Care Team Review	Tick when completed
<p>Explain that the patient must attend the INR clinic with the Primary Care Team for a face to face review in 3 months' time and then again every 6 months.</p> <p>Three month appointment date:</p> <p>Six month appointment date:</p>	
<p>Usual warfarin counselling should be given during these reviews, e.g. bruising, bleeding, diet, etc.</p>	
<p>Explain that the patient must bring the following to their appointments:</p> <ul style="list-style-type: none"> • Anticoagulant (yellow) book for review of INR results and dose adjustments. • CoaguChek® INRange device for an 'external quality control procedure'. 	
<p>Explain the 'external quality control procedure':</p> <ul style="list-style-type: none"> • INR test will be performed on both the patient's device and the Primary Care Team coagulometer. • If INR results from both coagulometers are within 0.5 of each other, assessment would be considered satisfactory. • If the INR results from both coagulometers is outwith 0.5 of each other the patient should be advised to stop self-managing and seek advice as per the manufacturer's instructions. The patient will be required to attend the Primary Care INR clinic for testing until the monitor is repaired or replaced. • The patient will be required to participate in an assessment of technique and device at the Primary Care INR clinic if the external quality control procedure described above is unsatisfactory on more than one occasion. 	
<p>Record the appropriate read code in the patient's file:</p> <p>#66Q2 – follow up warfarin assessment.</p> <p>#66QB – annual warfarin assessment.</p>	
<p>Step 4 Completed</p> <p>Signature: _____ Date: _____</p> <p>Designation: _____</p>	

Step 5: Ordering, storage of consumables and disposal of orange stream rigid container.		Tick when completed
Explain how to order	Warfarin tablets	
	CoaguChek® XS PT TEST PST test strips (compatible with CoaguChek® INRange system, pack size = 24 strips which should last at least 12 months)	
	Lancets for finger prick test	
	Orange stream rigid container for disposal of sharps and contaminated material	
Explain how to store the monitor and test strips (cool dry place, not in the fridge).		
Explain that full locked orange stream rigid containers should be returned to a Community Pharmacy for disposal as per NHS Grampian Waste Management Policy .		
Step 5 Completed Signature: _____ Date: _____ Designation: _____		

Step 6: What to do when things go wrong	Tick when completed
Explain that the patient must contact the Primary Care Team when: <ul style="list-style-type: none"> • Required to as per the dose adjustment charts. • Issues with testing or titrating doses occur. 	
Advise the patient to refer to the CoaguChek® INRange User's Manual if they experiences issues with the device.	
If issues continue the patient should contact the manufacturer and attend the Primary Care INR clinic for testing until the monitor is repaired or replaced and has had a successful external quality control re-checked.	
Advise the patient to contact the Primary Care Team with issues with supply of test strips and other consumables.	
The patient should be advised to contact the Primary Care Team if using more than 12 strips in a 6 month period as a more frequent review may be needed.	
Step 6 Completed Signature: _____ Date: _____ Designation: _____	

Step 7: Stopping self-managing INR		Tick when completed
Explain	That the Patient must inform the Primary Care Team if they are intending moving away or stopping self-managing their INR so that alternative management arrangements can be made.	
	That the patient will not be able to self-manage their INR if they are admitted to an NHS Grampian Hospital as an in-patient.	
	That they may be asked to stop self-managing their INR if there are concerns about their ability to continue, e.g. stability of INR results or failure to adhere to testing requirements, etc.	
Primary Care Teams will follow their local high risk medicines protocol on how to manage high risk medicines if the patient does not attend for their 6 monthly reviews.		
If patients stop self-managing their INR the reasons why will be discussed with the patient and will be recorded in the notes and the read code #66QE removed as a Problem Read Code.		
Step 7 Completed Signature: _____ Date: _____ Designation: _____		

Patient Agreement: I confirm that I have had the steps documented above explained to me and I agree to adhere to the conditions detailed.		
PRINT NAME:	Signature:	Date:
Healthcare Professional: I confirm that I have explained the steps documented above and that the patient/carer has demonstrated the ability and understanding to undertake self-management of INR.		
PRINT NAME:	Signature:	Date: