


PQS Oral Anticoagulant Safety Audit 2023/24 - Data Collection Form

Section 1 - All patients

| | | | |
|--|---|---|--------------------------------------|
| 1. | Patient's name <small>(For internal use – not for reporting to NHS England)</small> | | |
| 2. | Date | / / | |
| 3. | Patient's age | | |
| 4. | Is the patient a care home resident? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | Name of anticoagulant that the patient is taking* | <input type="checkbox"/> Acenocoumarol | <input type="checkbox"/> Phenindione |
| | | <input type="checkbox"/> Apixaban | <input type="checkbox"/> Rivaroxaban |
| | | <input type="checkbox"/> Dabigatran | <input type="checkbox"/> Warfarin |
| | | <input type="checkbox"/> Edoxaban | |
| <small>*for patients prescribed more than one anticoagulant, see question 7. This does not include where a patient is prescribed two strengths of the same medicines to make a dose e.g., multiple strengths of warfarin</small> | | | |
| 6. | Is the anticoagulant supplied in a monitored dosage system / compliance aid? | <input type="checkbox"/> No <input type="checkbox"/> Yes, one medicine per blister / compartment <input type="checkbox"/> Yes, multiple medicines per blister / compartment | |
| 7. | Is the patient prescribed <u>more than one oral anticoagulant</u> ? (Please do not include a patient prescribed two strengths of the same medicine to make a dose e.g., multiple strengths of warfarin) | <input type="checkbox"/> No (go to question 8) <input type="checkbox"/> Yes | |
| | | Name of other anticoagulant: _____ What action did you take and what was the outcome? _____ | |
| If patients are switching anticoagulant treatments, remind them to return any medicine no longer needed for safe disposal. | | | |
| 8a. | Is the patient prescribed an <u>oral NSAID*</u> as well as the anticoagulant? | <input type="checkbox"/> No (go to question 9) <input type="checkbox"/> Yes | |
| | <small>The PINCER summary¹⁰ states that 'It is advisable to avoid this combination whenever possible'.</small> <small>* Do not include low dose aspirin (300mg or less per day) here; record it in Q10 instead.</small> | | |
| | | 8b. Is the patient also prescribed gastro-protection? <small>(e.g. a proton pump inhibitor or H2 receptor antagonist)</small> <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | 8c. Have you contacted the prescriber about concomitant use of an anticoagulant with an NSAID? <input type="checkbox"/> Yes – prescriber discontinued anticoagulant and/or NSAID <input type="checkbox"/> Yes – prescriber confirmed no medication changes required <input type="checkbox"/> Yes – gastro-protection prescribed <input type="checkbox"/> Yes – other action by prescriber. Please specify: _____ <input type="checkbox"/> No – please specify the reason: _____ | |


9a. Is the patient prescribed an antiplatelet as well as the anticoagulant? ☐ No (go to question 10)

☐ Yes 

9b.. Is the patient also prescribed gastro-protection? (e.g. a proton pump inhibitor or H2 receptor antagonist)

The [PINCER summary](#)¹⁰ indicates that gastro-protection should always be considered and offered when combination therapy (anticoagulant plus antiplatelet) is indicated.

☐ Yes

☐ No 

9c. Have you contacted the prescriber for a review of gastro-protection?

☐ Yes – gastro-protection prescribed

☐ Yes – prescriber discontinued anticoagulant and / or antiplatelet

☐ Yes – prescriber confirmed no medication changes required

☐ No – prescriber has been contacted about gastro-protection for this patient within the last 6 months

☐ No – patient has discussed with prescriber and has made decision not to take gastro-protection

☐ Yes – other reason. Please specify:

☐ No – other reason. Please specify:

10. Which category best describes how the audit was completed for this patient?

☐ Conversation with the patient in the pharmacy

☐ Conversation with the patient by telephone

☐ Conversation with the patient by video link

☐ Contact with patient by other route, e.g. email

☐ Patient's representative in pharmacy, unable to contact patient

☐ Medicine delivered by pharmacy, unable to contact patient


☐ Care home patient, unable to contact patient / representative / care staff

Go to
Section 2

VKA prescribed – Go to Section 3
DOAC prescribed – Go to Section 4

Section 2 - Patient feedback (only complete this section if you can contact the patient)

11. Was the patient already aware that they are taking an anticoagulant, i.e. a medicine to thin the blood/prevent blood clots?
12. Did the patient already know the symptoms of over-anticoagulation, e.g. unexplained bruising, nose bleeds?
13. Was the patient already aware of the need to check with the doctor or pharmacist before taking over-the-counter medicines, herbal products or supplements?
14. For patients taking vitamin K antagonists only
Was the patient already aware that dietary change can affect their anticoagulant medicine?
- 15a. Did the patient have a standard yellow anticoagulant alert card?



Anticoagulant Alert Card

This patient is taking anticoagulant therapy. They are at risk of bleeding and should be aware of the symptoms of over-anticoagulation.

Name of patient: A N O'Dier

Address: 1 A Street, South London

Postcode: SE1 2AB Telephone: 07123 456 789

Name of next of kin: B C O'Dier Tel: 07123 456 789

Hospital number: 100000 NHS Number: [] [] [] [] [] [] [] [] [] []

Details of anticoagulant therapy:

Name of anticoagulant: Rivaroxaban 20mg daily

Indication for treatment: Atrial Fibrillation

Therapeutic range (INR): Not required for this drug

Treatment started: 01/06/2018 Duration of treatment: Indefinite

Name and address of prescriber or organisation: [] [] [] [] [] [] [] [] [] []

Telephone number of clinic: Contact details of the above



15b. Was a standard yellow alert card offered to the patient?

- ☐ Yes, card accepted
- ☐ Yes, but card declined because the patient has manufacturer's alert card
- ☐ Yes, but card declined because the patient has another anticoagulant alert card
- ☐ Yes, but card declined for other reason
- ☐ No, not offered. Reason - please specify

Vitamin K antagonist prescribed? Go to Section 3

DOAC prescribed? Go to Section 4

Section 3 - Patients prescribed vitamin K antagonists only

- 16a. Did you find out when the patient last had an INR test before issuing this medicine?
- ☐ No (go to question 16d)
☐ Yes 
- 16b. How did you obtain this information?
(select all that apply)
- ☐ From patient
☐ From patient's representative
☐ From yellow anticoagulant record book or other written record
☐ From general practice
☐ From patient's care provider, e.g. nursing home
☐ From anticoagulant service
☐ From other source - please specify:
-
- 16c. How long ago was the INR test?
- ☐ Fewer than 4 weeks (go to Section 4)
☐ 4 – 12 weeks (go to Section 4)
☐ More than 12 weeks 
- 16d. If the INR test was more than 12 weeks ago, what, if any, action did you take?

(go to Section 4)

Section 4 – All patients

17. Please give details of any other referrals or action taken about anticoagulant safety issues, e.g. drug interactions, INR concern (do not include any patient identifiable information)