



Community Pharmacy
Anticoagulants
2019-20

Every patient, every time



Adapted with permission



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Section 1: Introduction

1.1 Background

A key aim of the Safety in Practice programme is to work with Primary Health Care teams to reduce preventable patient harm from the care they receive. Adverse drug events (ADEs) are major causes of patient morbidity and mortality, and a source of significant costs for both organisations and patients.¹

In New Zealand hospitals warfarin is amongst the top 10 medicines causing harm, predominantly due to bleeding.¹ Anticoagulants and antiplatelet agents are combined as a class, they are the second highest group implicated as causing patient harm by severity, with opioids being the highest.¹ Based on exploratory analysis into administrative data for 9,000 local hospital admissions, 9% of all potential ADEs detected were anticoagulant-related.²

This clinical module focuses on the safe use of warfarin, dabigatran and rivaroxaban including:

- Effective patient education
- Patient understanding of alarm symptoms
- Consistent documentation of education and interventions.

General practice teams are working on a module for warfarin management. During learning sessions you will be encouraged to work together with this group to share learning and experiences.

Measuring reliability of your care

Pharmacist Scope of Practice

According to The Pharmacy Council of New Zealand, “The practice of pharmacy is necessarily broad and is wider than pharmacists working directly with patients, given that such roles influence clinical practice and public safety. In a clinical role, the pharmacist acts as a medicines manager, providing patient-centred medication therapy management, health improvement and disease prevention services, usually in a collaborative environment. Pharmacists ensure safe and quality use of medicines and optimise health outcomes by contributing to patient assessment and to the selection, prescribing, monitoring and evaluation of medicine therapy”.⁴

Optimal medicines management and patient education are core responsibilities of pharmacy practice. In conjunction with a Pharmacy Expert Group, process and patient outcome measures have been developed that we believe represent best practice for warfarin, dabigatran and rivaroxaban management and education. These have been further refined following feedback from 5 pharmacies who participated in the NSAID pilot in 2017/18.

It is best practice to document all interventions and recommendations made to evidence work that has been carried out. This is one way pharmacists can demonstrate all the work that they do, in line with Pharmacy Council of New Zealand Competence Standard O1.4.7. The process measures are evidence that best practice activities have been performed.

“Competence Standard O1.4.7

Supports and provides continuity of care with accurate and timely documentation of clinical and professional interventions and recommendations, using agreed handover protocols.”

1.2 Aim

All patients prescribed warfarin, dabigatran or rivaroxaban will receive education at time of medicine collection by June 2020.

1.3 Equity

We all have a role to play in reducing inequity in health in New Zealand. Particular groups are consistently disadvantaged in regard to health, and these inequities affect us all.⁵

Health inequities are avoidable, unnecessary and unjust differences in the health of groups of people.⁵ This may be between socioeconomic groups, ethnic groups, different geographical regions, levels of ability or disability, and between males and females. Research indicates the poorer you are, the worse your health will be.⁶ Inequalities experienced in early life influence people in later life, and inequalities take a cumulative toll on an individual’s health over their lifetime.⁵

To promote equity in health, we need to understand the inequity, design interventions to reduce them, review and refine the intervention and evaluate their impact. It is important to minimise the impact of disability and illness on socioeconomic position and access to the determinants of health.⁶

In particular as health providers, we need to emphasise the power of joint decision making and trust with patients, it is important to prioritise time to listen to their health issues in their words, ideally with protected time in consultation room, involving their whānau if preferred by them. It is important they have an understanding of the treatment options, the risks involved and where to go for help.

The most effective conversations are based on a mutual trust and understanding, giving patients confidence they are in control and empowered to make informed decisions. There are significantly increased risks of avoidable medicine related harm in Māori and Pasifika, it is important we understand this and take special care to ensure optimal health outcomes for all.

1.4 Measures & rationale

This module comprises process and outcome measures. The **process measures** are evidence the activity has taken place. This information needs to be recorded in the patient file (Toniq or RxOne).

The **patient outcome measures** assess whether the patient has understood and can recall correctly the information provided.

To assess your processes, we require data from a random sample of 10 patients each month. We do not require NHI or patient identifiable data so please ensure it is anonymous.

- *Please see Table 1 for further guidance regarding these measures*
- *The questions relate to the patient or carer as appropriate*

- *The target population for data collection is patients aged 18 years and over*
- *For prescriptions with repeats, data collection will focus on initial dispensing encounter*
- *Medicine refers to either warfarin, dabigatran or rivaroxaban*

For this module to be successful, it is best to start by getting to know your GPs and informing them that you are part of the Safety in Practice programme. Let them know the measures you are working on with this module, and ask them how they would prefer to be contacted if you have any queries.

Table 1: Measures and rationale

Please note: these questions relate to the patient or carer as applicable.

Medicine refers to warfarin, dabigatran or rivaroxaban

| | Process measure | Rationale |
|----|--|--|
| 1. | <p>Is there evidence the patient was informed how to use the medicine?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <ul style="list-style-type: none"> Improved patient knowledge and understanding of the use of warfarin improves anticoagulation control.^{4,5} Non-adherence of anticoagulant medicines appears more prevalent among those less well informed about their condition and medicines. The proportion of adherent patients is higher when they receive appropriate education and monitoring.⁶ |
| 2. | <p>Is there evidence the patient was informed what to do if they miss a dose?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Warfarin information: If you forget to take a dose, take the missed dose if you remember on the same day. If not, skip the dose and carry on as normal. Do not take two doses of warfarin on the same day. Record your missed dose in your anticoagulant booklet and tell your doctor on your next visit. www.healthnavigator.org.nz/medicines/w/warfarin/</p> <p>Dabigatran information: If you forget to take a dose, and your next dose is due in less than 6 hours, skip the missed dose and take your next dose as normal. If there are more than 6 hours until your next dose, take the missed dose as soon as you remember. DO NOT take double the dose of dabigatran - this increase your risk of bleeding. www.healthnavigator.org.nz/medicines/d/dabigatran/ www.saferx.co.nz/dabigatran-patient-guide.pdf</p> <p>Rivaroxaban information: If you're taking rivaroxaban ONCE A DAY If you miss a dose, take it as soon as you remember on the same day. Do not take double the dose – this increases your risk of bleeding. If you're taking rivaroxaban 15 mg TWO times A DAY If you forget to take a dose you can take two 15 mg tablets at the same time to get a total dose of 30 mg in one day. Continue your regular dose, morning and evening, the next day. www.healthnavigator.org.nz/media/5057/rivaroxaban-factsheet-july-2018-final.pdf www.saferx.co.nz/rivaroxaban.pdf www.healthnavigator.org.nz/medicines/r/rivaroxaban/</p> |

| | | |
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| <p>3.</p> | <p>Is there evidence there was a discussion about possible side effects?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>With warfarin, bleeding can still occur when the INR is between 2 and 3, but is more likely with higher INRs. Note: Some medicines and supplements can increase bleeding risk without increasing INR. Illness can also affect INR, and an adjustment in warfarin dosing may be required for patients who develop diarrhoea, fever, heart failure, hyper or hypothyroidism or liver disease.</p> <p>Tell patients about the following symptoms to report immediately to a health care professional if they are taking warfarin, dabigatran or rivaroxaban. These could indicate over anti-coagulation:</p> <ul style="list-style-type: none"> • Red or brown urine • Red or black stools • Severe headache • Unusual weakness • Excessive menstrual bleeding • Prolonged bleeding from gums or nose • Dizziness, trouble breathing or chest pain • Unusual pain, swelling or bruising • Dark, purplish or mottled fingers or toes • Vomiting or coughing up blood <p>Important: <i>Refer any patient with symptoms of bleeding to their GP or directly to A&E.</i></p> <p>Symptoms of under anti-coagulation (ie from non-compliance, or a dose that is too low) can also signal a life threatening situation:</p> <ul style="list-style-type: none"> • Bluish toes or fingers • Chest pain or severe back pain • Blurred vision • Symptoms of DVT |
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| <p>4.</p> | <p>Is there evidence the patient was informed about interactions with other medicines (prescription, OTC and complementary), supplements and/or food and alcohol?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Inform patients about other medicines and products that can interact with oral anticoagulants and increase the bleeding risk, these include SSRIs, aspirin and NSAIDs. Refer to the New Zealand Formulary for a complete list. www.nzf.org.nz</p> <p>Warfarin</p> <p>For patients taking warfarin, advise them to check with their doctor or pharmacist before making major dietary changes, before starting or stopping any other medicines especially antibiotics, OTC, herbal, or complementary medicines. A consistent and balanced diet is recommended to maintain a stable INR. Excessive alcohol or large quantities of cranberry-based products can increase the risk of bleeding. Supplements including fish oil, ginkgo, garlic and ginger can also interact with warfarin.</p> <p>Refer to Auckland Regional Health Pathways information the warfarin red book, the Waitemata DHB warfarin counselling checklist and interactions list (see reference section), and the resources on www.saferx.co.nz and www.healthnavigator.org.nz</p> <p>Dabigatran</p> <p>The combination of amiodarone or verapamil with dabigatran increases the amount of dabigatran absorbed, increasing the risk of bleeding.</p> <p>Rivaroxaban</p> <p>Medicines that can increase rivaroxaban plasma concentrations include itraconazole and ritonavir. The anticoagulant effect of rivaroxaban may be decreased by St John’s Wort and some anticonvulsants including phenytoin and carbamazepine.</p> |
| <p>5.</p> | <p>Is there evidence the patient was offered written information about their medicine?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>“Offered written information” means: The patient/carer has been actively asked if they would like to receive written information.</p> <p>Examples of patient information:</p> <p>Warfarin</p> <ul style="list-style-type: none"> • Patient-held anticoagulation record ‘Red Books’ are free via Medidata. These have patient information about warfarin and space to document INR levels and dose. Encourage patients to take them to appointments. Contact Medidata on 09 488 4271 or email |

| | | |
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| | | <p>grouldey@medidata.co.nz with the name of your pharmacy, your delivery address and the number of 'Red Books' you require.</p> <ul style="list-style-type: none"> • SafeRx® warfarin guides available in English, Chinese, Tongan, Samoan, Niuean, Korean www.saferx.co.nz/patient-guides • Health Navigator www.healthnavigator.org.nz/medicines/w/warfarin/ <p>Dabigatran</p> <ul style="list-style-type: none"> • SafeRx® dabigatran patient guide www.saferx.co.nz/dabigatran-patient-guide.pdf <p>Rivaroxaban</p> <p>PHARMAC and Health Navigator leaflet www.healthnavigator.org.nz/media/5057/rivaroxaban-factsheet-july-2018-final.pdf</p> |
|--|--|--|

Outcome Measures

From the 10 random patients selected, ask the following questions. This can be via follow up phone call or when they return for a repeat. Use open questions and listen carefully to their answers.

If you are unable to locate a patient after 2 attempts, document as N/A in the spreadsheet and note this in the comments column.

| | | |
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| 6. | <p>Was the patient able to correctly describe (dose and frequency) how to take their medicine?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> | <p><i>'Tell me, how do you usually take your warfarin/dabigatran/rivaroxaban?'</i></p> <p>Answer guidance - warfarin:</p> <ul style="list-style-type: none"> • Yes – if the patient knows to take it once daily, ideally at the same time each day. • No – if they couldn't explain how to take warfarin <p>Answer guidance - dabigatran:</p> <ul style="list-style-type: none"> • Yes – if the patient knows to take it twice daily (for AF), or once daily for VTE prevention, ideally at the same time each day. • No – if they couldn't explain how to take dabigatran <p>Answer guidance – rivaroxaban:</p> <ul style="list-style-type: none"> • Yes – if the patient knows to take it once daily for AF, or to prevent clots post-operatively. If they are taking it to treat blood clots, they will need to take it twice daily for 3 weeks, then once daily. • No – if they couldn't explain how to take rivaroxaban • N/A – if you could not get hold of the patient |
|-----------|--|---|

| | | |
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| <p>7.</p> | <p>Was the patient able to describe what to do if they missed a dose?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> | <p><i>'Tell me, what would you do if you forgot to take your warfarin/dabigatran/rivaroxaban?'</i></p> <p>Answer guidance – warfarin</p> <ul style="list-style-type: none"> • Yes – if they know to take it if they remember the same day, but to skip it if they've missed the dose that day. Remind them to record any missed doses in their book. • No – if they couldn't appropriately explain what to do if they missed a dose. <p>Answer guidance – dabigatran</p> <ul style="list-style-type: none"> • Yes – if they know to skip the missed dose if their next dose is due in less than 6 hours. If it is due in 6 hours or more, take it as soon as they remember. • No – if they couldn't appropriately explain what to do if they missed a dose. <p>Answer guidance – rivaroxaban once a day:</p> <ul style="list-style-type: none"> • Yes if they know to take it as soon as they remember on the same day, not to take double the dose that day. <p>Answer guidance – rivaroxaban 15mg twice a day:</p> <ul style="list-style-type: none"> • Yes – if they know they can take it if they remember that day (up to 30mg in one day), then continue as usual the next day. • No – if they couldn't appropriately explain what to do if they missed a dose. • N/A – if you could not get hold of the patient |
| <p>8.</p> | <p>Was the patient able to identify a possible side effect of their medicine?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> | <p><i>'Do you know any side effects that might happen?'</i></p> <p>This is to find out if the education provided was effective. Refer to Question 3 above.</p> <p>Answer guidance:</p> <ul style="list-style-type: none"> • Yes - if they could identify a possible side effect • No - if they couldn't name any side effects • N/A – if you could not get hold of the patient |
| <p>9.</p> | <p>Was the patient able to identify who to ask for help with their medicines?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> | <p><i>'Who would you ask for help if you are worried about your medicines or side effects?'</i></p> <p>Appropriate answers may include examples such as Pharmacist, Pharmacy staff, Doctor, Nurse, hospital staff.</p> |

Section 2: Instructions

When you receive a script for warfarin, dabigatran or rivaroxaban, go through the Process Measures for “Every patient, every time”.

Document the information in the patient file e.g. in Toniq as an intervention or in RxOne as an event audit, so it can be found easily. To upload a checklist onto Toniq, there is a guide in the resources section of your clinical module on the website [here](#). If you are using RxOne, the checklists have been incorporated for you.

2.1 Monthly data collection and submission

In order to assess your processes for warfarin, dabigatran and rivaroxaban management and education, you will need to collect data from 10 random patients dispensed these medicines every month. As a team, you will then reflect on your results monthly and look for opportunities for improvement.

Note: We DO NOT require NHI or patient identifiable data, so please ensure it is anonymous.



2.1.1 Identify patients

On the day of the data collection each month, run a report on Toniq or RxOne for all warfarin, dabigatran and rivaroxaban dispensed during the month. (Refer to Appendix for detailed instructions on how to generate a report)

2.1.2 Randomize

From the report generated in step 2.1.1 it is important to select a **random sample of 10 patients**. If you have more than 10 patients in your report, you can randomise patients using an online random number generator.

Note the SiP programme does not endorse any advertising that comes with these online tools.

2.1.3 Audit

a) Evidence for Process Measures

For the 10 **selected** patients, review their patient file for documented evidence that the Process Measures occurred. **Record responses into the audit spread sheet.**

Documented evidence is required for compliance to Process Measures - please tick 'No' on the spreadsheet if the information has not been documented in the patient file.

b) Evidence for Outcome Measures

Contact the selected 10 patients and go through the Outcome Measures with them. Record responses into audit spreadsheet.

Outcome measures require patient follow-up either via phone call or if they return to the pharmacy. If you are unable to locate a patient after 2 attempts, please select NA and note this in the data collection spreadsheet comment column.

Tip: Advise patients that you are doing random follow-ups as part of your new service and they may be contacted via a phone call and asked three short questions. Let them know this is about checking how you and the team are working; it is not testing the patient in any way.

Having this information scripted may help e.g. *"We are now providing a follow-up service for people who use warfarin/dabigatran/rivaroxaban. We select 10 patients in the month and give them a quick phone call about using their medicine. This is to check how we as a pharmacy team are working, it is not to test you"*

2.1.4 Complete the spreadsheet

Tip: Your first set of data (baseline data) is relating to the month of August so this is due on September 10th.

Please note: we expect low scores for the baseline August 2019 data, prior to the Safety in Practice programme beginning

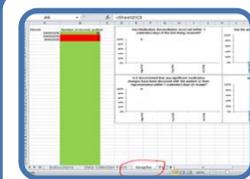
The screenshot shows the 'Safety in Practice' web application. On the left, there's a 'General Practice Resources' section with a 'Data Collection Instructions' button circled in red. The main area is a data entry table with columns: 'Dispensing date', 'Is there evidence the patient was informed how to use their medicine?', and 'Is there evidence the patient was informed how to use their medicine?'. A yellow alert box states: 'Alert Only dates between 01/08/2019 and 31/08/2019 are to be entered'. The 'Dispensing date' field contains '01/08/2019'. The second and third columns have dropdown menus with 'Y' selected. To the right, a summary table shows 'Overall Compliance' and 'Comments' columns, with 'Overall Compliance' auto-populating with 'Y'. A red circle highlights the 'Overall Compliance' column with the text 'This column will auto-populate'.

Download the spreadsheet for your module in the Resources section of www.safetyinpractice.co.nz

Record the date of dispensing in a DD/MM/YY format in the left column. (Alert boxes in yellow will guide you). For your first data set collected in September this is 1/8/18

Mark Y, N or N/A by clicking on the dropdown menu, against for each patient according to your findings in the previous section.

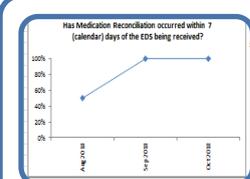
The final measure "Overall compliance" will auto-populate.



Graphs will be automatically generated in the next tab in the spreadsheet.

A table showing medication reconciliation data for each month from August 2018 to August 2019. The columns are: 'Date', 'Has Medication Reconciliation occurred within 7 (calendar) days of the EDS change request?', and 'Has the patient medication been reconciled?'. The data shows a mix of 'n' (not) and 'y' (yes) responses.

Next month, add your data to the same spreadsheet.



This means you can track your progress over time.

2.1.5 Submit

Submit your data on the 10th of each month to audit@safetyinpractice.co.nz

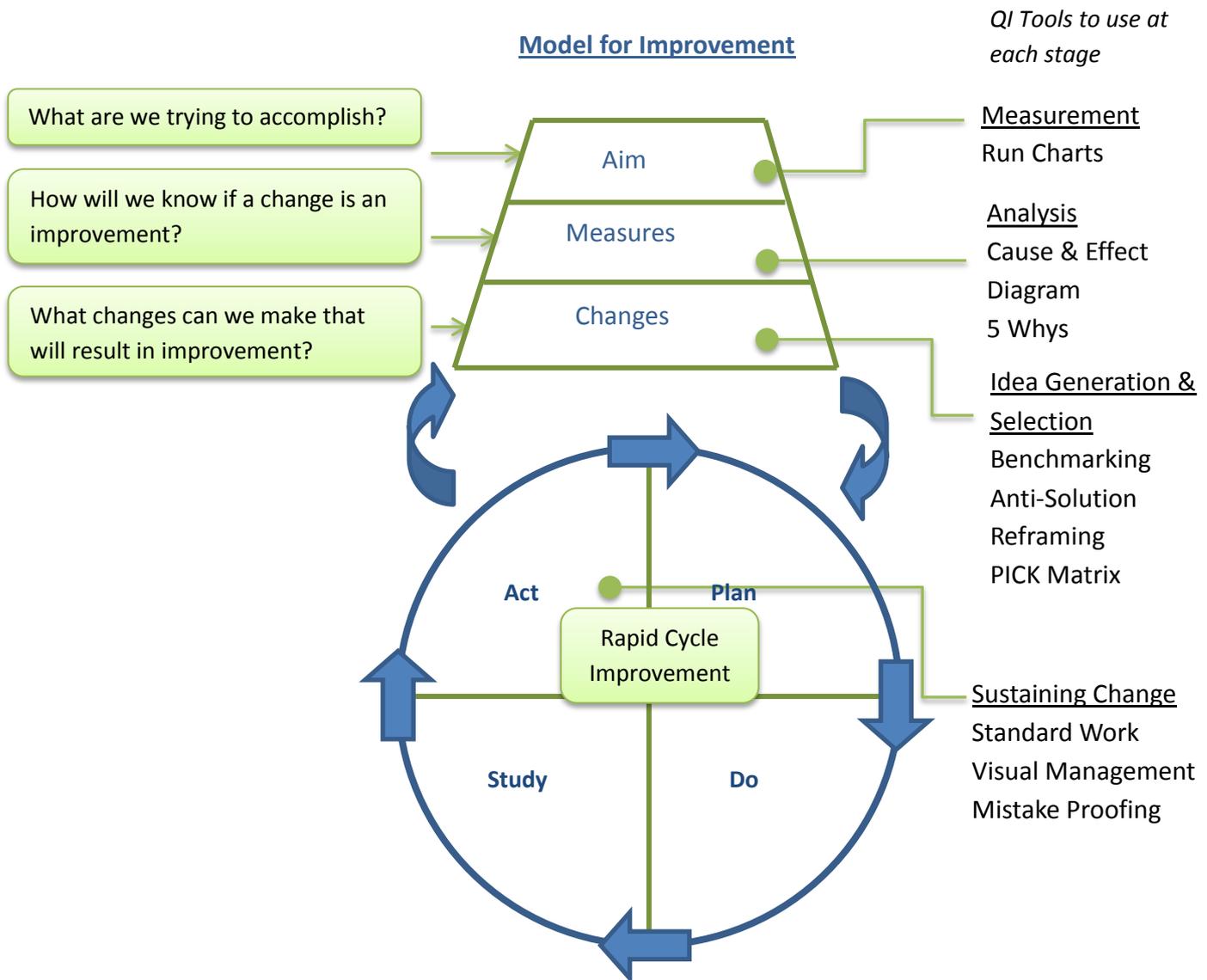
Tip: Please ensure all data sent to Safety in Practice is anonymised

2.2 Getting your team ready for Safety in Practice

Points to consider

- Read through this document so you are familiar with the content
- Identify responsible leads to drive the programme in your pharmacy
- Organise a staff meeting to talk about Safety in Practice and what is involved and answer their questions. Direct them to the website for more information. This is a critical step to ensure there is team engagement from the start for participating in the programme. Safety in Practice is all about all team members taking part and making processes safer for all of your patients.
- Develop a process or a Standard Operating Procedure (SOP) document for locums and new staff. Think about how you and your team can ensure the locums are up to speed on what you do and why you do it. That way, you should hopefully find your results continue to show improvement when covered by locums.
- Decide on which patient resources your team would prefer to use and make sure there is agreement on this, they are readily available and staff members understand their role in distributing them.
- Decide how you will document any interventions and discussions with prescribers and agree to this as a team
- Decide how to document patient education on the patient file and agree to this as a team
- Discuss how to select the 10 random patients per month for data collection (Refer to the Toniq and RxOne screen shots in the appendix for more details)
- Decide who will be responsible for completing the data collection sheet and submitting data. Note: It is a good idea to share this task as this ensures the skills are developed across team members.
- Engage with your GPs regarding the Safety in Practice programme and discuss anticoagulant prescribing and the resources you will be using. Advise them you will be following up with patients about medication use and if your GP teams have any questions you can refer them to the Safety in Practice website.
- Display posters in the pharmacy so patients are aware that you are a 'Safety in Practice' pharmacy. Posters will be available at the learning sessions, or you can request one from info@safetyinpractice.co.nz

2.3 Creating Change – Using the Model for Improvement



Before you start:

- Bring together your team – this is the group that will work with you to plan and carry out the test of change
- Select the process you wish to change

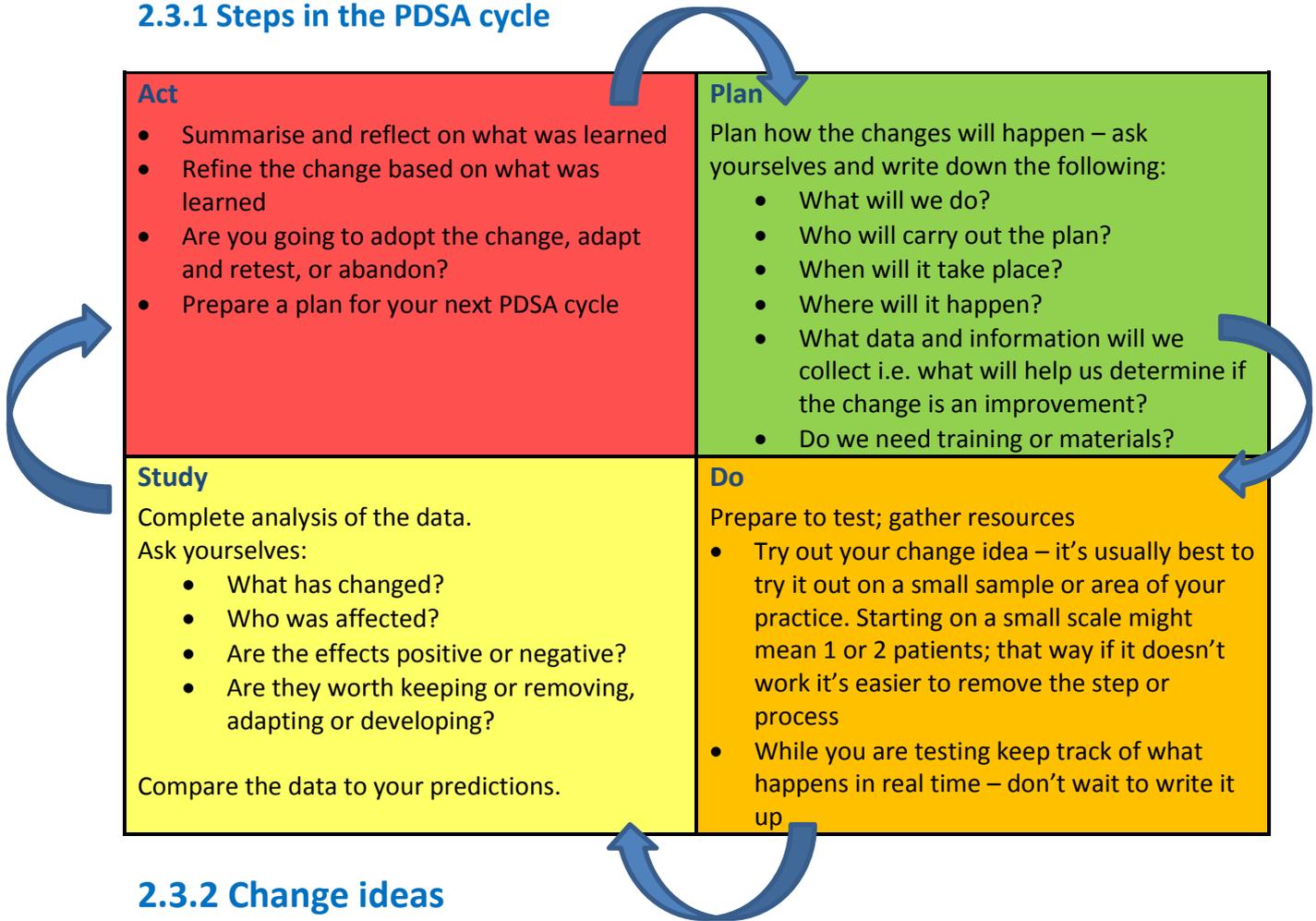
As a team answer the 3 questions above:

1. Aim: *What are we trying to accomplish? (write an objective for this PDSA cycle)*
2. Measure: *How will we know if a change is an improvement?*
3. Changes: *What changes can we make that will result in improvement?*

The following QI techniques will help you engage your team at every step:

- Meeting Facilitation Tips
- Silent Brainstorming
- Post-it Note Brainstorming
- Dot Voting

2.3.1 Steps in the PDSA cycle



2.3.2 Change ideas

The following ideas have been tested and implemented by previous teams:

| | |
|--------------------------------|--|
| General | <ul style="list-style-type: none"> Discuss results of baseline data collection at a team meeting and include SiP as a regular agenda item at team meetings Arrange education session for pharmacy team about anticoagulants and patient education Get to know the local GP teams and let them know you are part of the Safety in Practice programme. |
| Clinical processes | <ul style="list-style-type: none"> As a team, identify barriers that will prevent you from providing education to patients and look for ways of addressing them |
| Documentation | <ul style="list-style-type: none"> Use measures templates in Toniq and RxOne |
| Discussion with patient | <ul style="list-style-type: none"> Create prompt card for education points Optimise use of Self Care Cards Utilise SafeRx® patient information leaflets Arrange education session for pharmacy team about atrial fibrillation and thrombosis Provide information to patients/carers about their reason for being on an oral anticoagulant eg information about atrial fibrillation, or thrombosis. See www.healthnavigator.org.nz for resources Advise patients that you are doing random follow-ups as part of your new service and they may be contacted and asked three short questions. Let them know this is about checking how you and the team are working, not to test them. |

2.4 Previous teams' experiences

Benefits

- Confidence within the team that patient education is taking place
- Good conversations with patients by all staff members
- Improved concordance and understanding of medication
- Have a better relationship with the GPs and practice nurses in the area
- Improved understanding of anticoagulants by the entire team

Challenges

- Time commitment required – no easy way out
- Frequent reinforcement needed to effect change
- Took time to effect change
- It is difficult to talk to everyone in detail during busy times
- Contacting patients afterwards and thinking about how to best approach the conversation.

Tip: Some pharmacies found a scripted conversation useful for when they had to call patients e.g. *"We are trying to improve the service we provide to our patients. You received a warfarin/dabigatran/rivaroxaban prescription from us this month, is it ok if we asked you 3 questions about this? It should only take 2 minutes"*.

Section 3: Resources

3.1 Contacts

- Questions, feedback or general enquiries: info@safetyinpractice.co.nz
- Submitting data: audit@safetyinpractice.co.nz
- Website: www.safetyinpractice.co.nz

3.2 Resources

General

- BPAC article: An update on antithrombotic medicines www.bpac.org.nz/BPJ/2015/April/antithrombotic.aspx
- BPAC article: The safe and effective use of dabigatran and warfarin in primary care www.bpac.org.nz/2017/anticoagulants.aspx
- Health Pathways information about Atrial Fibrillation (includes patient information) <https://aucklandregion.healthpathways.org.nz/index.htm?18972.htm>
- Health Navigator www.healthnavigator.org.nz/medicines/a/anticoagulants/

Warfarin

- Pharmac Online Resources – www.pharmaonline.co.nz "Starting on Warfarin" leaflet and DVD.
- Health Pathways information <https://aucklandregion.healthpathways.org.nz/index.htm?18972.htm>
- Waitemata DHB – Warfarin Counselling Checklist and List of Interactions <https://aucklandregion.healthpathways.org.nz/Resources/PWarfarin-CounsellingChecklistListofInteractionsMay13.pdf>
- BPAC Guidelines: INR for Monitoring Warfarin Treatment www.bpac.org.nz/BT/2010/November/inr.aspx
- New Zealand Formulary: Warfarin www.nzf.org.nz/nzf_1493
- SafeRx® leaflets. "Warfarin: What you need to know" leaflets are available at www.saferx.co.nz in [English](#), [Chinese](#), [Korean](#), [Niuean](#), [Samoan](#), and [Tongan](#)
- Anticoagulant Treatment Booklet "Red Book" – available free from Medidata on 09 488 4271 or email gmouldy@medidata.co.nz with the name of your pharmacy, your address and number you require.
- Health navigator www.healthnavigator.org.nz/medicines/w/warfarin/

Dabigatran

- Health Pathways information <https://aucklandregion.healthpathways.org.nz/index.htm?18972.htm>
- New Zealand Formulary: Dabigatran www.nzf.org.nz/nzf_1504
- SafeRx® bulletin www.saferx.co.nz/dabigatran.pdf
- Safe Rx® patient guide www.saferx.co.nz/dabigatran-patient-guide.pdf
- Health Navigator www.healthnavigator.org.nz/medicines/d/dabigatran/
- App to manage patients taking dabigatran and rivaroxaban <https://itunes.apple.com/nz/developer/healthobs-ltd/id498413740>

Rivaroxaban

- New Zealand Formulary: Rivaroxaban https://nzf.org.nz/nzf_1508
- SafeRx® bulletin www.saferx.co.nz/rivaroxaban.pdf
- Health Navigator www.healthnavigator.org.nz/medicines/r/rivaroxaban/
- Pharmac information: www.pharmac.govt.nz/medicines/my-medicine-has-changed/rivaroxaban/
- BPAC article: Rivaroxaban, a fully subsidised anticoagulant medicine <https://bpac.org.nz/2018/rivaroxaban.aspx>
- App to manage patients taking dabigatran and rivaroxaban <https://itunes.apple.com/nz/developer/healthobs-ltd/id498413740>

3.3 References

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Appendix 1: Anticoagulant checklist

| | Patient NHI/Name | Date |
|--|---|------|
| Patient Education | <p>1. Is there evidence the patient was informed how to use the medicine?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> | |
| | <p>2. Is there evidence the patient was informed what to do if they miss a dose?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> | |
| | <p>3. Is there evidence there was a discussion about possible side effects?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> | |
| | <p><i>Symptoms of over-anticoagulation (e.g. excessive bruising, epistaxis, bleeding gums, severe headache, haematuria, haemoptysis, melena, excessive menstrual bleeding, etc)</i></p> <p><i>Symptoms of under-anticoagulation (bluish toes/fingers, chest/severe back pain, blurred vision or symptoms of DVT etc) may signal a life threatening situation.</i></p> | |
| | <p style="text-align: center;">Important: Refer any patient with any presenting symptom(s) to their GP or directly to A&E; especially bleeding or unexplained bruising.</p> | |
| Outcome measures | <p>4. Is there evidence the patient was informed about interactions with other medicines (prescription, OTC and complementary), supplements, and/or food and alcohol?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> | |
| | <p>5. Is there evidence the patient was offered written information about their medicine?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> | |
| | <p><i>Questions 6 – 10 are patient questions to assess patient outcomes with the 10 random patients selected.</i></p> <p>6. Was the patient able to correctly describe (dose/frequency) how to take their medicine?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> | |
| | <p>7. Was the patient able to describe what to do if they missed a dose?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> | |
| | <p>8. Was the patient able to identify a possible side effect of their medicine?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> | |
| <p>9. Was the patient able to identify who to ask for help with their medicines?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> | | |

Appendix 2: Search for patients dispensed oral anticoagulants in Toniq

Go to 'Prescription Reports'

| | | | | | | | | |
|-------|---------------|--------------|------------------------|--|--|-------------|-------|-----|
| ESC | F1 Help | (RH) Menu | Tue 12/09/2017 12:48pm | | | | toniq | WIN |
| Staff | Toniq Library | Green Papers | Help Desk | | | Diary Tasks | About | |
| F2 | F3 | F4 | F5 | | | F9 | F10 | |

| Prescription reports | | | |
|-------------------------------|--|--|--|
| 1. Repeats due | | | |
| 2. Prescription details | | | |
| 3. Owings | | | |
| 4. IMMP | | | |
| 5. Special authority expiry | | | |
| 6. Prescriptions held on file | | | |
| 7. A4 prescription summary | | | |

| Staff Tasks | | | |
|-------------|------|-------|---------|
| | Late | Today | <5 days |
| | 1 | 0 | 2 |
| | 1 | 0 | 0 |

Choose search criteria e.g. 'oral anticoagulants'

| | | | | | | | | |
|-----|---------|----------------------------------|--------------------|-------------|--|--|-------|-----|
| ESC | F1 Help | (RH) Select Prescription details | 12/09/2017 12:48pm | | | | toniq | WIN |
| | Add | | | Show Hidden | | | | |
| | F3 | | | F7 | | | | |

Enter search criteria and/or press ENTER for a list of prescription details

←

Type in therapeutic group to search for

| ESC | F1 Help | (RH) Select Prescription details | | | | /2017 12:49pm | | | TONIQ | WIN |
|-----|---------|----------------------------------|--|--|-------------|---------------|--|--|-------|-----|
| | Add | | | | Show Hidden | | | | | |
| | F3 | | | | F7 | | | | | |

oral anticoagu

Criteria Name
oral anticoagu

oral anticoagulants

Enter search criteria and/or press ENTER for a list of prescription details

| ESC | F1 Help | (RH) Edit Prescriptio | | | | Tue 12/09/2017 12:51pm | | | TONIQ | WIN |
|-----|------------|-----------------------|--|--|-----------------|------------------------|-----------|----------------|-------|-----|
| | Date Range | | | | No Pat. Details | Other | Next Page | Accept Details | | |
| | F3 | | | | F8 | F10 | F11 | F12 | | |

Prescription details report options

Report name: oral anticoagulants Start date: 01/08/17 00:00 End date: 31/08/17 23:59

Select medicine: _____ Medicine notes: _____

Select mixture: _____ Patient age: From _____ To _____ At Rx date:

Select prescriber: _____ Professional group: _____

Select patient: _____ Patient notes: _____

Institution: _____ Patient address: _____

Institution group: _____ Exclude Dispensing staff: _____

Rx codes: _____ Excl. Rx codes: _____ Rx notes: _____

Medicine class: _____ Excl. class: _____ Hospital Category: _____ Any Rx note

Stock points: _____

Therapeutic group: Blood and Blood Forming Organs/Antithrombotic Agents/Oral Anticoagulants

Patient condition: _____ Entry Date: / /

Show patient name Reverse Order Include Prices Include dispensing staff

Include New Rxs Show patient address Include Rx Notes/comment Show Rx repository details

Include Repeats Show NHI number Include dose/freq/contract Outstanding Tel. Rxs Only

Patient Name order Show patient phone no. Include prescriber details Outstanding Fax Rxs Only

Medicine order Show patient birth date Show spec rec details Outstanding Ref. Rxs Only

Rx number order Include Directions Show E script source details Disp Freq Trial only

Enter the name for the report criteria.

← Include date range

← Tick appropriate criteria

Enter F12 to accept details

ESC F1 Help (RH) Print Tue 12/09/2017 12:52pm TORIQ WIN

Pdf File Csv File File View Scrns View Pages Print
F4 F5 F7 F9 F10 F12

Report
Prescription details

Title Prescription details report

Printer
Type [Yellow Highlighted]
Name
Font
Left 0
Top 0
Width 0
Height 0

File
Name C:\Toniq Users\Reports\Report.txt
Append

Csv
Name C:\Toniq Users\Exports\Export.csv

Pdf
Name C:\Toniq Users\Pdfs\Report.pdf

Status
0%



You can export to excel:

| A1 | Rx number | | | | | | | | | | | | | | | | | | |
|----|-----------|--------|------------------|-----------|------------|--------------------|------------|-------|------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S |
| 1 | Rx number | Repeat | Date time | Repeat co | Repeats is | Repeat expiry date | Inactive d | Tx/Fx | Code | Prescriber | Patient ID | Patient ID |
| 2 | 493996 | 3 | 1/08/2017 13:00 | 2 | | 22/08/2017 0:00 | | | A4 | | | | | | | | | | |
| 3 | 494341 | 2 | 15/08/2017 15:53 | 2 | | 24/08/2017 0:00 | | | A4 | | | | | | | | | | |
| 4 | 494475 | 3 | 5/08/2017 11:23 | 2 | | 27/08/2017 0:00 | | | A4 | | | | | | | | | | |
| 5 | 495745 | 3 | 21/08/2017 11:06 | 2 | | 4/09/2017 0:00 | | | X4 | | | | | | | | | | |
| 6 | 495844 | 2 | 11/08/2017 11:27 | 2 | | 5/09/2017 0:00 | | | A4 | | | | | | | | | | |
| 7 | 495928 | 3 | 5/08/2017 9:55 | 2 | | 5/09/2017 0:00 | | T | X4 | | | | | | | | | | |
| 8 | 496017 | 3 | 3/08/2017 17:03 | 2 | | 6/09/2017 0:00 | | | A4 | | | | | | | | | | |
| 9 | 496018 | 3 | 3/08/2017 17:03 | 2 | | 6/09/2017 0:00 | | | A4 | | | | | | | | | | |
| 10 | 496265 | 2 | 4/08/2017 13:34 | 2 | | 7/09/2017 0:00 | | | A4 | | | | | | | | | | |
| 11 | 496266 | 2 | 4/08/2017 13:34 | 2 | | 7/09/2017 0:00 | | | A4 | | | | | | | | | | |
| 12 | 496301 | 2 | 31/08/2017 16:46 | 2 | | 7/09/2017 0:00 | | | A4 | | | | | | | | | | |
| 13 | 496346 | 3 | 21/08/2017 8:46 | 2 | | 7/09/2017 0:00 | | | X4 | | | | | | | | | | |
| 14 | 496347 | 3 | 21/08/2017 8:46 | 2 | | 7/09/2017 0:00 | | | X4 | | | | | | | | | | |
| 15 | 496613 | 3 | 7/08/2017 12:25 | 2 | | 10/09/2017 0:00 | | | X1 | | | | | | | | | | |
| 16 | 496729 | 3 | 9/08/2017 11:42 | 2 | | 11/09/2017 0:00 | | | X4 | | | | | | | | | | |
| 17 | 496987 | 3 | 10/08/2017 9:11 | 2 | | 12/09/2017 0:00 | | | X4 | | | | | | | | | | |
| 18 | 498231 | 3 | 16/08/2017 13:56 | 2 | | 20/09/2017 0:00 | | | A4 | | | | | | | | | | |
| 19 | 498261 | 3 | 22/08/2017 12:00 | 2 | | 20/09/2017 0:00 | | | A4 | | | | | | | | | | |
| 20 | 498297 | 2 | 1/08/2017 14:13 | 2 | | 20/09/2017 0:00 | | | A4 | | | | | | | | | | |
| 21 | 498297 | 3 | 28/08/2017 11:02 | 2 | | 20/09/2017 0:00 | | | A4 | | | | | | | | | | |
| 22 | 498298 | 2 | 1/08/2017 14:13 | 2 | | 20/09/2017 0:00 | | | A4 | | | | | | | | | | |
| 23 | 498298 | 3 | 28/08/2017 11:02 | 2 | | 20/09/2017 0:00 | | | A4 | | | | | | | | | | |
| 24 | 498316 | 2 | 3/08/2017 12:00 | 2 | | 20/09/2017 0:00 | | | X4 | | | | | | | | | | |
| 25 | 498441 | 2 | 4/08/2017 12:14 | 2 | | 21/09/2017 0:00 | | | A4 | | | | | | | | | | |

All prescriptions for oral anticoagulants will appear. Filter them in excel so that you only see the warfarin, dabigatran and rivaroxaban prescriptions, and delete any others. Then randomly select 10 patients who have been prescribed warfarin, dabigatran and rivaroxaban during that month.

| ESC | F1 Help | (RH) Print Preview | | | Tue 12/09/2017 12:55pm | | | | TOHUQ | WIN |
|-------------|------------|--------------------|-------|------------|------------------------|-----------|-----------|-------------|------------|-----------|
| Zoom Height | Zoom Width | Zoom 100% | Other | First Page | Prev Page | Next Page | Last Page | Print Range | Print Page | Print All |
| F2 | F3 | F4 | F5 | F6 | F7 | F8 | F9 | F10 | F11 | F12 |

12 Sep 2017 12:54pm Page 7

Pharmacy Ltd

Prescription details report

Period: 01/08/17 00:00 to 31/08/17 23:59

| RxNumber | Date Time | T/F | Cd | Rpt | Pt |
|----------|--|-----|----|-----|-----|
| Qty | Medicine | | | | |
| 493996/3 | 01/08/17 13:00 | | A4 | 2 | Gi |
| 60 | Dabigatran etexilate 150mg bpk Capsules 60 [BOEH] | | | | |
| | Take ONE capsule twice daily with food and a glass of water. | | | | |
| 494341/2 | 15/08/17 15:53 | | A4 | 2 | Per |
| 28 | Warfarin sodium 5mg Tablets 100 [GLSK] | | | | |
| | Take ONE tablet once daily | | | | |
| 494475/3 | 05/08/17 11:23 | | A4 | 2 | Per |
| 30 | Warfarin sodium 1mg Tablets 100 [GLSK] | | | | |
| | Take as directed according to Take according to INR results as | | | | |
| 495745/3 | 21/08/17 11:06 | | X4 | 2 | M |
| 60 | PRADAXA 110mg bpk Capsules 60 [BOEH] | | | | |
| | Take ONE capsule twice daily 12 hours apart swallow whole, d | | | | |
| 495844/2 | 11/08/17 11:27 | | A4 | 2 | Per |
| 60 | Dabigatran etexilate 110mg bpk Capsules 60 [BOEH] | | | | |
| | Take ONE capsule TWICE daily. Swallow whole, do not crush c | | | | |
| 495928/3 | 05/08/17 09:55 | | X4 | 2 | M |
| 60 | Dabigatran etexilate 150mg bpk Capsules 60 [BOEH] | | | | |
| | Take ONE capsule twice daily | | | | |

Current Page : 1

Total Pages : 18

After you have randomly selected the 10, go into each of their files, and check the 'Intervention' section to see if an intervention was documented.

During the course of this programme, if any interventions are made, include them here so everyone can see what has happened. If you have another method of recording interventions, you can use this, so long as everyone in the pharmacy knows where to document and look for interventions.

| ESC | F1 Help | (RH) Add Interventic | | | Tue 12/09/2017 01:02pm | | | | TOHUQ | WIN |
|-----------|-------------|----------------------|-------------|-------------|------------------------|-------|-----------|--------------|----------------|-----|
| Edit Note | Change Date | Goto Time | Reason Code | Action Code | Outcme Code | Print | Change Rx | Attach/Audit | Accept Details | |
| F2 | F3 | F4 | F6 | F7 | F8 | F9 | F10 | F11 | F12 | |

Intervention

Description:

Importance:

Status:

Time taken: minutes

Date/Time: 12/09/17 13:01

Link to

Rx

Patient

Prescriber

Medicine

Script med:

Reasons: Patient concern/question Actions: Patient history reviewed Outcomes: Patient educated/counselled

Enter the total time take so far in minutes.

| ESC | F1 Help | (RH) New Rx | Tue 12/09/2017 01:43pm | | | | | TONIQ | WIN |
|------------------|---|--------------|--|-----------|---------------|---------|------------|-------|-----------|
| Edit Patient | LTC/ Services | Ph/Fax Refer | Use History | Dose Pack | Supply Option | Use Log | Bag Option | Other | End Visit |
| F2 | F3 | F4 | F5 | F6 | F7 | F8 | F9 | F10 | F11 |
| Patient/ Rx code | Select option | | contract | | | | | | |
| Prescribe | <ul style="list-style-type: none"> S Patient Services L LTC Details C Conditions P CCMS Portal O Open Patient Diary T Task U Use Diary Template 1 QuickNote - Face To Face Meeting 2 QuickNote - Phone Call - Spoke to Patient 3 QuickNote - Phone Call - Unavailable 4 QuickNote - Hospital Visit 5 QuickNote - Reconciled medicines 6 QuickNote - Synchronised medicines 7 QuickNote - Returned medicines 8 QuickNote - Delivered medicines 9 QuickNote - Contact prescriber 0 QuickNote - Other | | <p>LTC score 21 = A10, L6, O5 taking medicines but picking up more than 80% itive impairment, LTC PF: unstable health status and/or Depression or Chronic Obstructive Pulmonary disease more</p> | | | | | | |
| Medicine | | | | | | | | | |
| Quantity | | | | | | | | | |
| Repeat | | | | | | | | | |
| Directions | | | | | | | | | |
| Rx Notes | | | <p>/3 Not paid in claim so ran repeat 27/02/15</p> | | | | | | |
| | | | Patient has outstanding owes | | | | | | |
| | | | | | | | | | |
| | | | <p>Diary items (active) linked to patient 4 historical notes 4 historical quick notes</p> | | | | | | |

This section could also be used to record discussions with the patient and prescriber.

Appendix 3: Search for patients dispensed oral anticoagulants in RxOne

Go to 'Drug Usage' to create a Patient Drug Usage Report.

The screenshot shows the 'Patient Drug Usage Report' dialog box in the RxOne application. The 'Script Details' tab is active, showing fields for 'Date Dispensed', 'Start Date', and 'End Date'. A blue arrow points to these date fields with the text 'Select start and end dates'. The 'Start Date' is set to '18 Aug 2017' and the 'End Date' is set to '18 Sep 2017'. Other fields include 'Script Number', 'Supplier', 'Product Group', 'Product Class', and 'Stock Type'. The 'Person Details' section has 'All Patients' selected. The 'Sort By' dropdown is set to 'Script Number'. The dialog box is overlaid on the RxOne main interface, which includes a 'Go Back' button and a 'KeepSafe Status' indicator.

This screenshot is identical to the one above, showing the 'Patient Drug Usage Report' dialog box. In this version, the 'Start Date' field is highlighted in yellow. The 'End Date' remains '18 Sep 2017'. The 'Date Dispensed' section is also visible, with 'All Patients' selected. The 'Sort By' dropdown is set to 'Script Number'. The dialog box is overlaid on the RxOne main interface, which includes a 'Go Back' button and a 'KeepSafe Status' indicator.

This screenshot shows the 'Patient Drug Usage Report' window with the 'Stock Criteria' tab selected. A blue arrow points to the 'Stock Criteria' tab with the text 'Click 'Stock Criteria''. The interface includes a left-hand menu with options like 'Go Back', 'Drug Disp History / MMP', 'Drugs Qwing', 'Stat Lett Report', 'BSO/RP/SO Report', 'Missing Medication Report', 'Medi-Map Bulk Export', and '1Chart Bulk Export'. The main window displays a form with fields for 'MS Classification', 'Therapeutic Group', and 'Selected Therapeutic Group's'. At the bottom, there are 'OK (Alt+O)' and 'Cancel (Alt+C)' buttons. The background shows a desktop environment with a taskbar and system tray.

This screenshot shows the 'Patient Drug Usage Report' window with the 'Prescription' tab selected. A blue arrow points to the 'Prescription' tab with the text 'Select 'Prescription''. The interface is identical to the previous screenshot, but the 'Prescription' tab is active. The 'MS Classification' dropdown menu is highlighted in yellow. The rest of the interface, including the left-hand menu and bottom buttons, remains the same.

RuOne Start Menu
File Help System Info Reports Utilities Monthly Update Remote Support

- Go Back
- Drug Disp History / MMP
- Drugs Qwing
- Stat Let Report
- BSOMPSP Report
- Missing Medication Report
- Medi-Map Bulk Export
- 1Chart Bulk Export

KeepSafe Status
KeepSafe not set up

DB Master: MASTER 3017.6.2601
September 17 Program and Drug Files
Ver:3017.6.2601 (S14) Installed

RuOne Patient Drug Usage Report - Ver:3017.8.10.4 Viewing Main Database User:MARIE Status

Script Details | Extra Script Criteria | Person Criteria | **Stock Criteria** | Doctor Criteria

MS Classification
Prescription
Therapeutic Group
 All Therapeutic Group's
 Selected Therapeutic Group's
 Selected Therapeutic Group's
 All Therapeutic Group's
 Oral Anticoagulants
 S-Alpha Reductase Inhibitors
 ACE Inhibitors
 ACE Inhibitors with Diuretics
 Acute Migraine Treatment
 Adult Products High Calorie
 Agents for Control of Status Epilepticus
 Agents for Essential Tremor, Chorea and Related Disorders

Add Selected Item Remove Highlighted Items

OK (Alt+O) Cancel (Alt+C)

All Sales For Living Rewards for 17 09 17 successfully sent.

Last Backup to DB Master C Drive: 17 Sep 17 9 PM

More Care Better Business

9:05 AM 18/09/2017

RuOne Start Menu
File Help System Info Reports Utilities Monthly Update Remote Support

- Go Back
- Drug Disp History / MMP
- Drugs Qwing
- Stat Let Report
- BSOMPSP Report
- Missing Medication Report
- Medi-Map Bulk Export
- 1Chart Bulk Export

KeepSafe Status
KeepSafe not set up

DB Master: MASTER 3017.6.2601
September 17 Program and Drug Files
Ver:3017.6.2601 (S14) Installed

RuOne Patient Drug Usage Report - Ver:3017.8.10.4 Viewing Main Database User:MARIE Status

Script Details | Extra Script Criteria | Person Criteria | **Stock Criteria** | Doctor Criteria

MS Classification
Prescription
Therapeutic Group
 All Therapeutic Group's
 Selected Therapeutic Group's
 Selected Therapeutic Group's
 All Therapeutic Group's
 Oral Anticoagulants
 S-Alpha Reductase Inhibitors
 ACE Inhibitors
 ACE Inhibitors with Diuretics
 Acute Migraine Treatment
 Adult Products High Calorie
 Agents for Control of Status Epilepticus
 Agents for Essential Tremor, Chorea and Related Disorders

Add Selected Item Remove Highlighted Items

OK (Alt+O) Cancel (Alt+C)

All Sales For Living Rewards for 17 09 17 successfully sent.

Last Backup to DB Master C Drive: 17 Sep 17 9 PM

More Care Better Business

9:21 AM 18/09/2017

A report will be generated like this:

Patent Drug Usage Report For For All Scripts;For All Scripts;Therapeutic Group Of Oral Anticoagulants;MS Classification Of Prescription;Date Dispensed Between 18 Aug 2017 00:00:00 And 18 Sep 2017 23:59:59

| Script Number | Drug Dispensed | ExpandedSig | Date Dispensed | Person Name | Person Address | Dr. Name | Dr. Address |
|---------------|------------------------------------|--|----------------|-------------|----------------|----------|-------------|
| 16171840 | PRADAXA 110MG C BLISTER PACK | Take ONE capsule twice daily with food. SWALLOW WHOLE, DO NOT CHEW. | 30Aug2017 | | | | |
| 16202632 | WARFARIN 5MG T (Pink)(GL) | Take ONE tablet daily | 15Sep2017 | | | | |
| 16206592 | WARFARIN 1MG T (Brown)(GL) | Take TWO tablets daily according to INR results | 11Sep2017 | | | | |
| 16231482 | DABIGATRAN ETEXILATE 110MG C (BOE) | Take ONE capsule twice daily with food. SWALLOW WHOLE, DO NOT CHEW. Space capsules at least 8 hours apart | 21Aug2017 | | | | |
| 16235132 | WARFARIN 1MG T (Brown)(GL) | Take as directed according to INR. Regular blood tests recommended. | 23Aug2017 | | | | |
| 16247082 | WARFARIN 1MG T (Brown)(GL) | Take ONE tablet alternating with TWO tablets (TWO tablets SAT SUN) | 23Aug2017 | | | | |
| 16248522 | PRADAXA 110MG C BLISTER PACK | Take ONE capsule twice daily SWALLOW WHOLE, DO NOT CHEW | 31Aug2017 | | | | |
| 16250642 | MAREVAN 1MG T (BROWN) | Take once daily according to INR results as directed. Regular blood tests are recommended to ensure the dose is right for you. | 18Aug2017 | | | | |
| 16251272 | WARFARIN 1MG T (Brown)(GL) | Take according to inr results | 23Aug2017 | | | | |
| 16251976 | WARFARIN 1MG T (Brown)(GL) | Take FIVE tablets Mon, Wed, Fri and FOUR tablets Sun, Tue, Thu, Sat or as per INR results as directed | 12Sep2017 | | | | |
| 16251976 | WARFARIN 1MG T (Brown)(GL) | Take FOUR tablets daily or as directed by INR | 05Sep2017 | | | | |
| 16256522 | DABIGATRAN 150MG C (BOE) | Take ONE tablet twice daily SWALLOW WHOLE, DO NOT CHEW | 18Aug2017 | | | | |
| 16264852 | DABIGATRAN ETEXILATE 110MG C (BOE) | Take ONE capsule twice daily (at least 8 hours apart). Swallow whole, do not crush or chew. | 09Sep2017 | | | | |
| 16265462 | WARFARIN 1MG T (Brown)(GL) | Take TWO tablets alternating with THREE tablets daily or as directed according to INR | 04Sep2017 | | | | |
| 16273432 | PRADAXA 110MG C BLISTER PACK | Take ONE capsule twice daily with food to prevent blood clots SWALLOW WHOLE, DO NOT CHEW | 12Sep2017 | | | | |
| 16291122 | PRADAXA 110MG C BLISTER PACK | Take ONE capsule twice daily with food. SWALLOW WHOLE, DO NOT CHEW | 29Aug2017 | | | | |
| 16294152 | PRADAXA 150MG C BLISTER PACK | Take ONE capsule twice daily to prevent clotting. Take with food and water. | 25Aug2017 | | | | |
| 16298972 | PRADAXA 150MG C BLISTER PACK | Take ONE capsule twice daily | 28Aug2017 | | | | |
| 16304342 | DABIGATRAN ETEXILATE 110MG C (BOE) | Take ONE capsule twice daily SWALLOW WHOLE, DO NOT CHEW | 04Sep2017 | | | | |
| 16304972 | WARFARIN 3MG T (Blue) (GL) | Take ONE tablet daily | 12Sep2017 | | | | |
| 16305022 | WARFARIN 5MG T (Pink)(GL) | Take ONE tablet daily or as directed (total dose=8mg) | 12Sep2017 | | | | |
| 16314182 | PRADAXA 110MG C BLISTER PACK | Take ONE capsule twice daily Do not take aspirin with this medicine. SWALLOW WHOLE, DO NOT CHEW | 09Sep2017 | | | | |
| 16314472 | PRADAXA 110MG C BLISTER PACK | Take ONE capsule TWICE daily with food SWALLOW WHOLE, DO NOT CHEW | 06Sep2017 | | | | |
| 16317432 | PRADAXA 110MG C BLISTER PACK | Take ONE capsule twice daily with food. | 02Sep2017 | | | | |
| 16324405 | WARFARIN 1MG T (Brown)(GL) | Take as directed by INR result. | 14Sep2017 | | | | |
| 16324406 | WARFARIN 1MG T (Brown)(GL) | Take as directed by INR result. | 14Sep2017 | | | | |
| 16324402 | WARFARIN 1MG T (Brown)(GL) | Take as directed by INR result. | 21Aug2017 | | | | |
| 16324403 | WARFARIN 1MG T (Brown)(GL) | Take as directed by INR result. | 21Aug2017 | | | | |

Can export to excel

Patent Drug Usage Report For For All Scripts;For All Scripts;Therapeutic Group Of Oral Anticoagulants;MS Classification Of Prescription;Date Dispensed Between 18 Aug 2017 00:00:00 And 18 Sep 2017 23:59:59

Export Format: Export to Selected File

File to Export To: [Select file to export to]

Export All To Bulk Stock Edit
 Export All To Mailing Labels
 Email As CSV
 Email As PDF
 Email As XML

Export (A8-E)
 Export Selected Rows (A8-S)

Save Options As Default For This Report (A8-D) Cancel (A8-C)

Settings For A8>Select

| Field Name | Export Column |
|----------------|-------------------------------------|
| Script Number | <input checked="" type="checkbox"/> |
| Drug Dispensed | <input checked="" type="checkbox"/> |
| ExpandedSig | <input checked="" type="checkbox"/> |
| Date Dispensed | <input checked="" type="checkbox"/> |
| Person Name | <input checked="" type="checkbox"/> |
| Person Address | <input checked="" type="checkbox"/> |
| Dr. Name | <input checked="" type="checkbox"/> |
| Dr. Address | <input checked="" type="checkbox"/> |
| PrescriberID | <input checked="" type="checkbox"/> |

Select what you would like to export

Then delete any prescriptions that don't include warfarin, dabigatran or rivaroxaban so you can find 10 relevant patients to randomise for audit.

Interventions can be recorded in the 'Events Audit' section where you can record face-to-face or phoned conversations, or insert comments.