Improving lives **together**
Norfolk and Waveney Integrated Care System

Medicines Optimisation
Best Practice Guidance – *Bulletin 13*

Warfarin – Communication and Administration

Warfarin is an anticoagulant drug which is used to treat or prevent blood clots forming in blood vessels which can lead to heart attacks and strokes.

Warfarin is a medicine which is frequently identified as having potential to cause harm, most commonly through bleeding, if it is not administered and monitoring correctly. Warfarin is monitored through regular blood tests called International Normalised Ratio (INR) which is a measure of how long it takes for the blood to clot. Care home staff must be competent in warfarin administration and understand the need for regular monitoring.

Most residents prescribed warfarin will be managed by their GP however some residents may be under the anticoagulant clinic at the hospital. It is important the care home is aware who manages the resident's warfarin and who to contact if advice is needed.

This guidance document must be read alongside Anticoagulants – Warfarin and Direct Oral Anticoagulants (DOACs)

Recommendations for Care Home Medicines Policy relating to warfarin

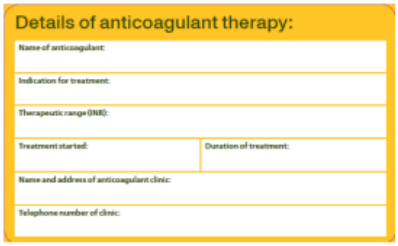
Care homes should have a standard operating procedure (SOP) within the medication policy which details the safe administration and monitoring of warfarin. It should include the following:

- The process for ensuring the safe administration, monitoring and communication requirement.
- The need to ensure cross-checking of the most recent INR result, when the next blood test is due, and the current dose **EVERY** time warfarin is administered.
- Process for reporting side effects
- Care home staff who administer warfarin (or support residents to take their own) must be trained and competent to undertake their duties safely.

Communication of information

Responsibilities of the clinician.

- All residents prescribed warfarin must have an individualised completed copy of the 'NHS oral anticoagulant therapy – Important information for patients' (known as the 'Yellow Book'). This should also be used to record the current warfarin dose and the INR results.



- It is good practice for the prescriber to confirm the dose of warfarin and the next INR blood test in writing with the care home. The quickest and most secure way for this to be communicated is via an NHS.net email address.
- If the warfarin dose remains unchanged the prescriber should still confirm and state the dose required in writing.
- If a resident requires additional INR blood tests, the clinician must notify the home of this. This may be the result of starting a new medication which may interact with warfarin such as antibiotics.

Responsibilities of care home

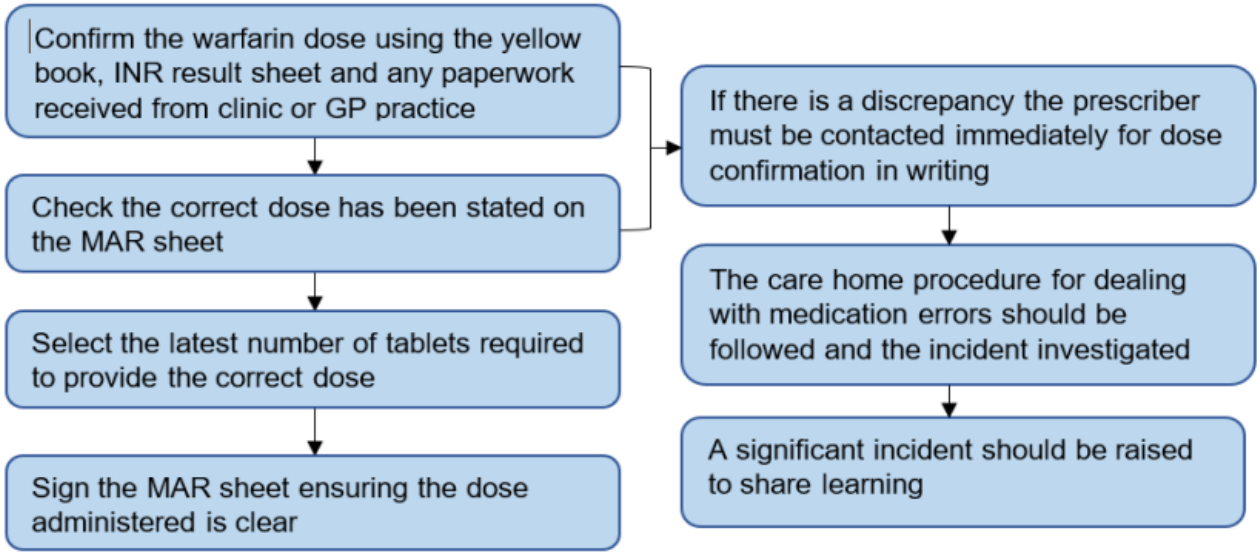
- The main side effect of warfarin is bleeding. **Any signs of bleeding MUST be reported to a clinician immediately.**
- The care home must be aware of who manages the resident's warfarin dosing, monitoring and who to contact if advice is needed.
- Care staff must be aware of the process of communication of information. Where email is used, the account should be accessible by more than one nominated individual and must be checked regularly.
- Warfarin doses should **not** routinely be issued on a verbal request. If a verbal only request is received, record the name and contact number of the caller, write down the details, repeat back to the caller and ask them to confirm. Ideally there should be a second person in attendance to witness (see below).
- Where amendments or transfer of information are needed relating to warfarin, it is good practice for a second person to check, date and initial these changes.
- All communication regarding INR results should be kept with the patient's 'Yellow Book'.
- INR results sheets and any confirmation paperwork must be stored with the resident's Medication Administration Record (MAR) sheet for cross-referencing. For home using eMARs, this information should be uploaded.
- Care homes must clearly record in the diary when the next INR blood test is required. It is vital the resident has their blood test on the specified date.
- If a patient is transferred to another care setting (e.g. admitted to hospital) the 'Yellow Book', INR result sheets, a copy of the MAR sheet and a copy of any relevant paperwork received **must** be sent.
- Any missed doses of warfarin can affect the INR result. The clinician managing the resident's warfarin must be notified of any missed warfarin doses. If the resident regularly refuses or is unable to take their warfarin, the clinician must be notified.
- Where there is any uncertainty over what dose to administer, the clinician must be contacted immediately.

Recording of Information

- MAR sheets and eMAR records for warfarin are usually received from the Pharmacy with the dose 'as directed'. It is the care home's responsibility to ensure they know what dose is to be administered.
- The dose of warfarin intended for the resident must be clearly stated on the MAR sheet. It is good practice to have this record checked and signed by a second member of staff for accuracy after this information has been added.
- The MAR chart should never be pre-populated for the 28-day cycle. This is because the resident may require an unscheduled INR blood test and the warfarin dose may alter.
- Ensure the number of milligrams (mg) of warfarin required is stated on the MAR sheet / eMAR, **NOT** the number or colour of the tablets.

- Warfarin must never be administered without adequate and regular INR monitoring.

Warfarin Administration Flowchart



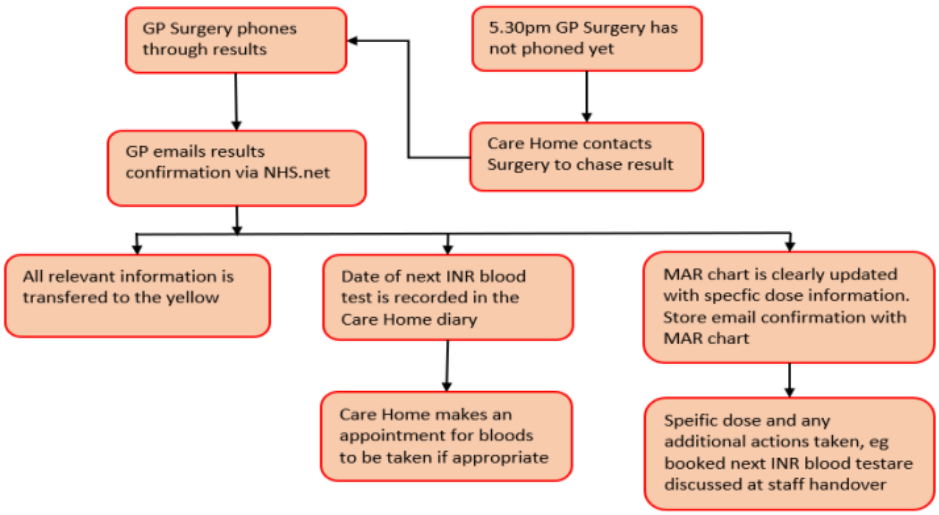
Administration

- Warfarin is commonly available in three strengths 1mg (brown), 3mg (blue) and 5mg (pink). A 500mcg tablet (white) is also available but should not be prescribed in Norfolk and Waveney as it can lead to confusion with dose administration. The carer must be familiar with the different strengths and how to administer the correct dose using the available strengths.

- Warfarin tablets should be taken at the same time each day, usually at teatime, with a full glass of water.
- Always double check the most recent INR report when giving a dose - it is essential that dosages are not given from old INR reports.
- Check the dates on the INR report and do not give after the date stated on the letter. Confirm the dose with the prescriber if the end date on the letter has passed.
- If a dose is missed, a note should be made on the blood test form and the MAR chart. Continue the next day with the normal dose; **do not** give an extra dose to 'catch up'.
- Warfarin should be administered from original packs and should not be included in Monitored Dosage Systems (MDS).
- Tablets should not be crushed without discussion with a clinician. If crushing tablets is advised, this must be clearly recorded in the resident care plan. Documents to authorise crushing must be signed by an appropriate healthcare professional and stored with the MAR chart.
- It is important care home staff administering medicines are familiar with the different colours of the various strengths of warfarin tablets as different combinations of colours (strengths) of tablets may be required to make up a dose.
- There should be a process in the care home for ensuring blood tests are taken at the correct time; that INR results are received and that the correct dose is transcribed on to the MAR chart.

Warfarin Communication Flowchart

(It is good practice for a second person to check any transfer of information or amendment)



References

Adapted from: 'Caring for Care Homes. Guidance Sheet 12: Warfarin' NHS Cheshire CCG. July 2021 (Accessed December 2023)

Title	Best Practice Guidance Bulletin 13: Warfarin – communication and administration
Description of policy	To inform healthcare professionals and care home staff
Scope	Primary care setting
Prepared by	Medicines Optimisation Team
Evidence base / Legislation	Level of Evidence: *A. based on national research-based evidence and is considered best evidence* ***B. mix of national and local consensus*** *C. based on local good practice and consensus in the absence of national research based information.*
Dissemination	Is there any reason why any part of this document should not be available on the public website? ☐ Yes / No ☒
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Version Control (To be completed by policy owner)

Version	Date	Author	Status	Comment
0.1	July 2015	Prescribing & Medicines Management Team JC	Draft	Discussed at SMT and some amendments suggested
0.2	Sept 2015	Prescribing & Medicines Management Team JC/ SW	Draft	Discussed at SMT and further amendments suggested
1.0	Nov 2015	Prescribing & Medicines Management Team JC/ SW	Final	
1.1	April 2018	Prescribing & Medicines Management Team JC/SPC	Draft	Reviewed to ensure up to date. AGEM logo's added
2.0	June 2018	Prescribing & Medicines Management Team	Final	Approved by STM June 18
2.1	Nov 20	Medicines Optimisation Team – MC	Review	Reviewed – remove reference to using faxes
2.2	Feb 21	Medicines Optimisation Team – JD	Review	Reviewed
3.0	June 2021	Medicines Optimisation Team – Senior Team	Final	Suggested changes made at STM Jun 21 made and confirmed. Approved by STM June 21
3.1	Dec 2023	Medicines Optimisation team – HH	Review	Changed to new template. Links reviewed and updated. Layout of communication section altered for easier reading. Removal of side effects and cautions section as included in Best Practice Bulletin 12. Addition of warfarin identification picture.