

THE NORTH THORESBY PRACTICE

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Anticoagulation Guidelines North Thoresby Practice

These guidelines must be followed in all circumstances. If there is any doubt of the safety of a patient this must be brought to the attention of Dr Vennila in their absence the duty Doctor.

Equipment

- The anti-coagulation monitoring machine
- Calibration solution
- Test strips
- Single use lancets
- Cotton wool
- Gloves
- Sharps bin

Procedure for testing patients INR

These instructions must be followed in all detail. Ensure that you always have adequate time to carry out an INR.

Switch on the machine and check it is signalling it is warm enough (about 2 minutes to warm up)

Ensure the device is clean and that the display is well powered by the battery or external D.C source before each clinic (or one off use) of the monitoring equipment.

The batch number of the testing strips must be compared with the number on the computer chip which is already located in the machine.

Open a testing strip and use within 4 minutes of opening it. Press patient test and insert the test strip when machine instructs to do this. Ensure container is closed immediately after removing strip. The display will then give you 3 minutes to put the patient blood on the test strip.

Using a single use lancet device, prick either the middle or ring finger and place a rounded drop of blood on the strip and wait for the device to display the INR, then press a piece of cotton wool on the patient's finger

Record the INR result immediately in the patient's record using INRstar

Quality control

The INR machine is calibrated by its internal calibration system. The Coagu-chek calibration is to be performed pre clinic twice a week before the clinic only, and results to be entered onto INRstar. External quality control called Nequas has to be completed every 3 months, which is sent to us externally. The results are sent off back to Nequas but are also filled at the surgery

Computer chips and INR testing machine

Check the correct computer chip is inserted for each new box of testing strips. When the box of testing strips is finished, remove the 'box specific computer chip' from the machine and discard. Do not insert the new chip (which comes with each new box of test strips) until the new box of sensors is opened to use on the first patient.

Recording an INR

Ask the patient or their carer about their use of warfarin since the time their blood was tested. Adjust the INRstar and take into account any new medication, missed doses or change in warfarin doses, within the last 7 days.

Record the INR results in the patient's yellow book (if they use one) and on the INR patient record.

If a patient does not attend for their monitoring, record this in the patient's notes and on INRstar, every attempt should be made to contact the patient & ask them to attend as soon as possible.

Informing the patient of the results and their new regime

If taken in the surgery always give written instruction of the regime even if there is no change. This can be in the form of a printout or written in the yellow book.

For patient in care homes the INR instructions for the existing/new regime and rang through to the care home, then faxed. Once inputted onto INRstar on return to the surgery.

For domiciliary patients ensure the yellow book is available to see previous doses. Take INR, record result on surgery patient sheet. If no change in INR results or within target range continue the same dose and enter into yellow book and INRstar on return to the surgery. Send a printout to the patient in the post which should include next visit.

If the results is out of target range return to surgery, input into INRstar, telephone patient re new dose and send out printout to them in the post Ensure patient is fully aware and understands new dose and has written in their yellow book. Enter the telephone consultation into patients' system1 records. Send a printout to the patient in the post which should include next visit.

If you have any doubts about readings or have any concerns report to Dr Vennila or duty Doctor her absence.

These guidelines should be reviewed annually to ensure standard practice is the same and publications and evidence based practice remain up to date

Next review on or before May 2022

Completed by Courtney Hinchliffe