

# Partnership for Patients



ALASKA STATE HOSPITAL &  
NURSING HOME ASSOCIATION



Washington State  
Hospital Association

## ADE Anticoagulant Safety – Top Ten Checklist

**Baseline Rate: 2.5%**

**Goal: 2.0%**

1

•**Leadership:** Identify administration, quality and pharmacy leaders to champion ADE reduction strategies, including anticoagulants. Set **aims, goals and timelines** for practice changes.

2

•**Prevent:** Require **baseline INR and routine monitoring** for all warfarin patients. Time warfarin doses until after the INR is available.

3

•**Prevent:** Require **documentation of the INR result on the medication record** and the signature of the RN indicating that it is in range before giving medication or have pharmacist review INR before dispense.

4

•**Prevent:** Have **pharmacist dose warfarin** and/or a pharmacist-run anticoagulation clinic for the hospital.

5

•**Detect:** Ensure that **critical lab information is available** to those who need it and use an anticoagulation flow sheet if possible.

6

•**Detect:** **Instruct patients and families on symptoms** to monitor for side effects and when to contact a health care provider for assistance and care.

7

•**Mitigate:** Have a **reversal protocol** including Vitamin K and other factors.

8

•**Mitigate:** Have an **Anticoagulation Management Team** that ensures policies are in place related to therapeutic dosing protocols, frequency of INR and patient education.

9

•**Performance and evaluation:** perform **root cause analysis** based on use of reversal agents, transfer to a higher level of care or INR greater than 5. Conduct an interdisciplinary failure modes and effects analysis.

10

•**Moving towards zero:** **Interface EHR with laboratory systems** to provide high INR alerts. Use anticoagulant dosing service or "clinic" for inpatient and outpatient settings (pharmacist or nurse driven).