Telligen QI Connect™ Anticoagulant Safety Review Tool

Utilize this tool to review and establish processes to monitor residents treated with anticoagulant medication for potential adverse drug events (ADEs). Using this tool is recommended upon resident admission, for current residents taking anticoagulants, at each MDS review, and with new or adjusted medication changes.

Please note that this tool is designed for quality improvement purposes and is not intended to guide clinical care decisions; nor is it guaranteed to be a comprehensive tool.

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Resider	nt Name/Identifie	
Prescril	bed anticoagulant	5):
Is there	e documentation o	clinical indication?
	Yes	No
Docum	ented diagnosis:	
Do the	physician orders i	clude lab parameters/ranges?
	Yes	No
Do nur	se notes and phys	cian progress notes include documentation of labs?
	Yes	No
Per phy	ysician orders, hov	often are labs (PT/INR, PTT) to be done for this resident?
	Date of last lab t	est:
	Was the lab in d	sired/therapeutic range?
	Yes	No
Are ant	ticoagulants reviev	ed during monthly pharmacy consultations?
	Yes	No
		tary team reviewed the dietary plan including recognition of foods that interact with this medication (e.g., of foods/beverages rich in Vitamin K such as dark leafy greens, etc.)?
	Yes	No
	How often is this	dietary review conducted?
		's family been educated on the potential risk factors and signs/symptoms that could indicate excessive e to their medication?
	Yes	No
Has a fa	all risk assessment	been completed?
	Yes	No
If yes, a	are there fall preve	ntion interventions in place?
	Yes	No

Does this resident have any of these potential risk factors for bleeding related to anticoagulant medication use that could be the cause of an ADE?

Concurrent use of more than one antithrombotic medication such as anticoagulants, antiplatelets, thrombolytics (e.g., use of aspirin while on anticoagulants)

History of stroke or GI bleed

NSAID medication use while on anticoagulants

Antibiotic use while on anticoagulants

Amiodarone use while on anticoagulants

Prolonged bleeding from wound, IV or

Dietary changes affecting Vitamin K intake (e.g., dark leafy greens)

Does this resident have any of these potential signs/symptoms (S/S) that an ADE might have occurred?

Bleeding	Clots

Elevated PT/INR, PTT Abrupt onset hypotension

Low platelet count Pain or tenderness and swelling of upper or lower extremity

Bruising Increased warmth, edema and/or erythema of affected

extremity

Unexplained shortness of breath Bleeding gums

Chest pain

surgical sites Coughing

Blood in urine, feces or vomit Hemoptysis

Coughing up blood Feelings of anxiety or dread

Should this resident experience any of the S/S above, is there a documented process and procedure for how this is to be communicated to the medical provider and what are the next steps to treat the resident?

Yes No

Nosebleeds

Is the resident's care plan updated to reflect anticoagulant use, potential risks and adverse effects along with appropriate interventions?

Yes No

Additional Considerations:

- 'No' responses are indicators that improvement may be needed. We recommend the QAA committee/QAPI team review
 this completed tool and follow required QAPI improvement practices. Please feel free to contact Telligen for support and
 assistance.
- Confirm all staff have been educated on the S/S of ADEs related to anticoagulation use.
- Ensure nursing staff have been educated on the processes/procedures related to anticoagulation use.
- Is there an auditing process to confirm compliance to training/education and documentation related to anticoagulant use?
- Incorporate this information and other potential triggers into your EHR system if applicable.
- Is there is a system in place to alert physicians and nursing staff when anticoagulants are combined with other drugs which increase the risk of bleeding?