

Care Homes Support Document: **WARFARIN**

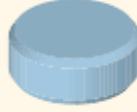
Warfarin is a commonly used anticoagulant. It works by stopping blood clots forming within the blood vessels by 'thinning' the blood.

Careful monitoring is required while taking warfarin. A blood test called an INR (International Normalised Ratio) is required to measure how long it takes for the patient's blood to begin to form clots. This result is then used to adjust the warfarin dose accordingly.

Care must be taken to ensure the correct strength of tablet is chosen to give the correct dose. Incorrect dosing can be harmful.

Warfarin interacts with many other medications and this needs to be taken into consideration when new medications (including homely remedies) are introduced.

ENSURE YOU HAVE WRITTEN PROCEDURES IN YOUR MEDICINE POLICY

0.5mg (500 micrograms) – white	
1mg – brown	
3mg – blue	
5mg – pink	

Administration

- The yellow book and any confirmation fax/email for dose changes must be stored with the service users MAR sheet for cross-referencing.
- Always check the yellow book before administering.
- The dose should be administered at the same time of day (usually evening).
- The least number of tablets required to provide the specific dose of warfarin should be administered to the service user.
- Avoiding breaking tablets in half. There is a 500microgram tablet (white).
- Be vigilant of the potential for error surrounding 500microgram and 5mg tablets.
- If unsure always get someone to check with you.

Record Keeping

- The dose of warfarin cannot be clearly stated on the MAR due to the nature of the number of dose changes likely following INR monitoring. The dose can be written on MAR sheet as: “to be administered as directed in yellow book/by email/on dosing slip”. The words ‘as before’ must never be used.
- Ensure the number of milligrams (mgs) of warfarin administered is signed on the MAR sheet (the number of tablets of each strength for the correct dose to be administered should be added as an additional record on the MAR).
CLEAR RECORDING IS ESSENTIAL.
- A separate warfarin administration chart may be kept; where these are in use this should be clearly marked on the original MAR sheet across all strengths of warfarin (e.g. ‘record on separate warfarin administration record’).
- If a hand written MAR sheet is required it is good practice to have the sheet checked and signed by a second member of staff for accuracy (refer to organisation’s policy).

Communication

- The process of managing warfarin administration and record keeping should be detailed in the medication policy.
- Any changes in medication must be reported to the INR monitoring service as more frequent blood tests may be necessary. This is especially important when short courses of antibiotics are prescribed.
- If the service user transfers to any other service e.g. hospital a copy of the warfarin MAR chart and yellow book (or other written dosing guidance) should be provided at transfer.
- If the dose is not available for a particular day then advice should be sought from the anticoagulant service/GP/NHS 111 before administering.

ENSURE THE CARE PLAN REFLECTS WARFARIN (HIGH RISK MEDICINE) IS PRESCRIBED AND STAFF ARE AWARE OF RISKS, ADVERSE EFFECTS AND EVENTS THAT NEED TO BE REPORTED IMMEDIATELY.