

Anticoagulation Clinic PowerForm for Providers

Cerner PowerChart Ambulatory EDUCATION

Providers at the OMH Medical Group Anticoagulation Clinic will need to utilize a Task List to document the Anticoagulation Therapy Management PowerForm.

PowerForm Access							
To access the Anticoagu	lation Therapy Manage	ment PowerForm:	< 🔿 🔹 🏫 Provider View				
 Navigate to the Workflow. 	 Navigate to the Anticoagulation Tasks Component in the AMB Anticoagulation Workflow 						
2. Click on the Anti	coagulation Therapy M	lanagement hyperlink to open the	AMB Anticoagulation Work $ imes$				
PowerForm.	Antices sulation Tasks		¥				
	Anticoagulation Tasks						
	Anticoagulation Tasks (1) Powerforms (2)						
	Component						
		Anticoagulation Therapy Management	Anticoagulation Tasks				

Documenting on the Anticoagultion Therapy Management PowerForm

Document the following sections on the Anticoagulation Therapy Management PowerForm:

- 1. Anticoagulation Overview:
 - a. Information entered on this page will cross encounters and display upon opening a new Anticoagulation Therapy Management PowerForm.
 - b. Select the correct Type of Visit or update, if needed.
 - c. Patient on Warfarin: Selecting Yes for the first time will open the Warfarin Management page (return to the current Anticoagulation Overview to complete remaining fields).
 - d. Anticoag Indication: Multiple Indications may be selected. Click Other to type any additional indications.
 - e. Anticoag Managing Physician must be entered for the patient data to pull to the Overdue INR Report.
 - f. Clinical Reminders may be used as a comment field for information that is pertinent to managing the patient's anticoagulation (i.e., upcoming surgery dates, patient precautions, etc.).
 - g. Patient on Other Anticoagulant: Selecting Yes will open a separate page for documentation.
 - h. Fill in remaining fields, if known.

Anticoagulation Overview	Jation Overview Anticoagulation Overview						
Warfarin Management Bridge Therapy	Type of Visit	Patient on Warfarin	Patient on O Anticoagular	Other Anticoag Start nt	Anticoag duration	Anticoag Heparir thrombocytopen	n-induced ia
Other Anticoagulant Medication Allergies and Medications	O Initial Follow Up O Post Program	Yes No C	C Yes O No	155 / JECO X	Three months Six months Undetermined	O Yes ● No	
Patient Assessment Anticoagulation Follow-Up Plan Anticoagulation	Anticoag Indication	Clicking Y Warfarin Ma	es will open the anagement page.	Anticoag Managing	2 Physician]	
Anticoagulation Education	atrial fibrillation			Test MD, Physician	9	е	
	Atrial flutter Atrial septal defect, secu Deep vein thrombosis DVT prophylaxis Post-Op care Pulmonary embolus stroke	ndum d Selec	t Other to add	Clinical Reminders Type here as needed	the form		
	Uther: aortic valve replac		ITEE-IEAL	U 🔫 when com	plete		
				Other Anticoagulant Other Anticoagulant C Browsbar C dabgatan C Riversoubar non vehular Alls treatment C Other. C Other. Communication	Apicaban Dabigatra 0.25mg P0 bid 0.75mg F0 0.5mg P0 bid 0.75mg F0	an Rivaroxaban Non Valvular Afib P0 bid C 15 mg P0 daly C 20 mg P0 daly	Rivaroxaban DVT,PE Treatment C 15 mg PO bid C 20 mg PO daily



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- 2. Warfarin Management:
 - a. Transcribed INR Result: Enter the patient's INR result here only if the result is from an outside source (i.e., Home Health, Outside lab, Point of Care test, or Self-Test).
 - b. Enter or update the lower and upper INR goal range.
 - c. Review and update the warfarin tablet size, if needed. (Multiple tablet sizes may be selected to indicate all tablet sizes that the patient has available).
 - d. Review and update the patient's dosing schedule, as needed. (Note: The Daily value is in milligrams, and the weekly total updates automatically as the daily doses are entered or adjusted). Week 2 Dose is available, if needed, for patients with a dosing schedule that may vary on the second week (i.e., a patient with every other day dosing schedule).

Anticoagulation Overview	Warfarin	Enter INR if result i from an outside sou	is Irce			
Warfarin Management Bridge Therapy Other Anticoagulant Medication Allergies and Medications Patient Assessment Anticoagulation	Transcribed INR Result	Transcribed INR Re	esult Date Trans	scribed INR Source ome health O Point of C utside Lab O Self Test	are	
Follow-Up Plan Anticoagulation Anticoagulation Education	Goal Lower	Goal Upper	•			
	Information Given By Unable to obtain Sibling Self Signifi Spouse Son Daughter Family member Friend Parent	Warf. cant other 2 2 2 3 3 4 4 2 5 6	arin Tablet Size mg tab 7.5 mg mg tab 5 mg tab	Bridge TI tab ≝¶O INR be O Proced	herapy Indication low goal range lure	
Update weekly d	Daily/Weekly Dosing	lay Monday	Tuesday Wedr	nesday Thursday	Friday Saturday	Weekly Total
dosing	Week 1 Dose 5	mg 📴 5 mg 📑	5 mg 5 m	g 📴 💆 ng 📑	5 mg 🔄 5 mg 📑	35 mg

- 3. Bridge Therapy:
 - Enter information if the patient is on any anticoagulation bridge therapy.

Anticoagulation Overview	Bridge Therapy						
Warfarin Management	Bridging Medication	Enoxaparin	Fondaparinux	Comr			
Bridge Therapy	enoxaparin	• • 1 mg/kg SQ daily	O 5 mg SQ daily	Comm			
Other Anticoagulant Medication	O fondaparinux	O 1 mg/kg SQ bid	O 7.5 mg SQ daily				
Allergies and Medications	O Other:	O 1.5 mg/kg SQ daily O Other:	O 10 mg SQ daily O Other:				

4. Allergies and Medications: Available for reference or adjustments, as needed. Follow the standard process for adding or modifying allergies and medications.



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- Patient Assessment Anticoagulation: Document Patient Assessment details by clicking Yes or No. Type comments, as needed.
 - a. Clicking on the column header (Yes or No) will answer all questions. Click on a selection to de-select it.

Anticoagulation Overview	Patient Assessm	ient		licking on the column leader will answer all
warrann Management				
Bridge Therapy		Yes	No	Comment
	Changes in alcohol consumption		×	
Other Anticoagulant Medication	Doses missed		X	
Allergies and Medications	Extra Doses		×	
	Rectal Bleeding		X	
Patient Assessment Anticoagulation	Signs of Clotting		×	
Follow Lip Plan Antionagulation	Signs of Warfarin Intolerance		×	
Pollow-op Plan Anicoagulation	Unusual Bleeding, Bruising		×	
Anticoagulation Education	Changes in diet	×		Type information here.
	zzDiarrhea, ID Risk		X	
	Change in medications		×	
	Vomiting			
	Uncoming Procedures		X	
	Adverse Drug Event	Contributin	g Factors	
		Chemotherapy		
	O Other	Unrelated disease		
	C otter.		1190399	

- 6. Follow-Up Plan Anticoagulation:
 - a. Enter the Date of the patient's Next INR. (This data will pull into the Overdue INR Report).
 - b. Continue Coumadin: No, should only be selected when coumadin is discontinued or when the current managing provider will no longer be managing the patient's warfarin. If this is the case, document in the Anticoagulation Management Comments to indicate that the patient is continuing warfarin and specify the new managing provider or facility.
 - c. Select the appropriate Folic Communication. Select Other to free-text information (i.e., spoke to spouse).
 - d. Enter any Anticoagulation Management Comments.

opria	ate Follow-Up	,-		Select whe	en
n.				discontinui	ing
	Anticoagulation Overview	Follow-Up A	ssessment	Coumadir	n
	Warfarin Management				
	Bridge Therapy	Date of Next INR	Continue Coumadin	Coumadin End	Anticoagulation Follow-Up Communication
د	Other Anticoagulant Medication	01/04/2023 📫 🗸	O No	××/××/××××	Spoke with Patient O Left Message to Return Call
,	Allergies and Medications				C Left Message By Phone C Sent Letter
e).	Patient Assessment Anticoagulation	a			C Lert Message By Portal C Uther:
	Follow-Up Plan Anticoagulation	Anticoagulation Mar	agement Comments		C
ı	Anticoagulation Education	Enter Follow-Up Comments	here.		

- 7. Anticoagulation Education:
 - a. Enter all relevant education information.

Anticoagulation Overview	Patient Education	ı	
Warfarin Management	Responsible Learner Presen	t Home Caregiver	Barriers
Bridge Therapy	for Session	Name/Relationship	barriers
Other Anticoagulant Medication	Yes		🗹 None e
Allergies and Medications	O No		Acuity
Patient Assessment Anticoagulation			
Follow-Up Plan Anticoagulation			🗖 Desire,
Anticoagulation Education			
	Teaching Method		
	Demonstration Print	ed materials 👘 🔲 Video/e	educational TV
	Explanation Tead	ch-back 🗌 Web-Ba	ased
	Document Learning Evaluation	on for Responsible Lear	ner(s)
		Verbalizes understanding	Demonstrates Needs
	Bruising, Bleeding Precautions	X	

8. Click the green check to sign the PowerForm.