

Anticoagulation Clinic PowerForm for Providers

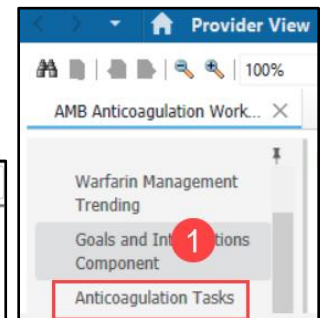
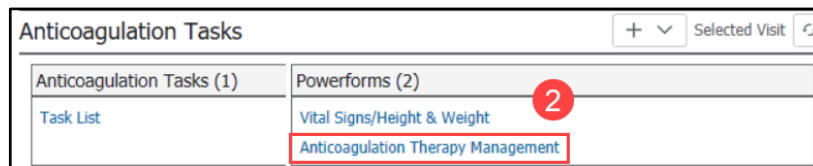
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Providers at the OMH Medical Group Anticoagulation Clinic will need to utilize a Task List to document the Anticoagulation Therapy Management PowerForm.

PowerForm Access

To access the Anticoagulation Therapy Management PowerForm:

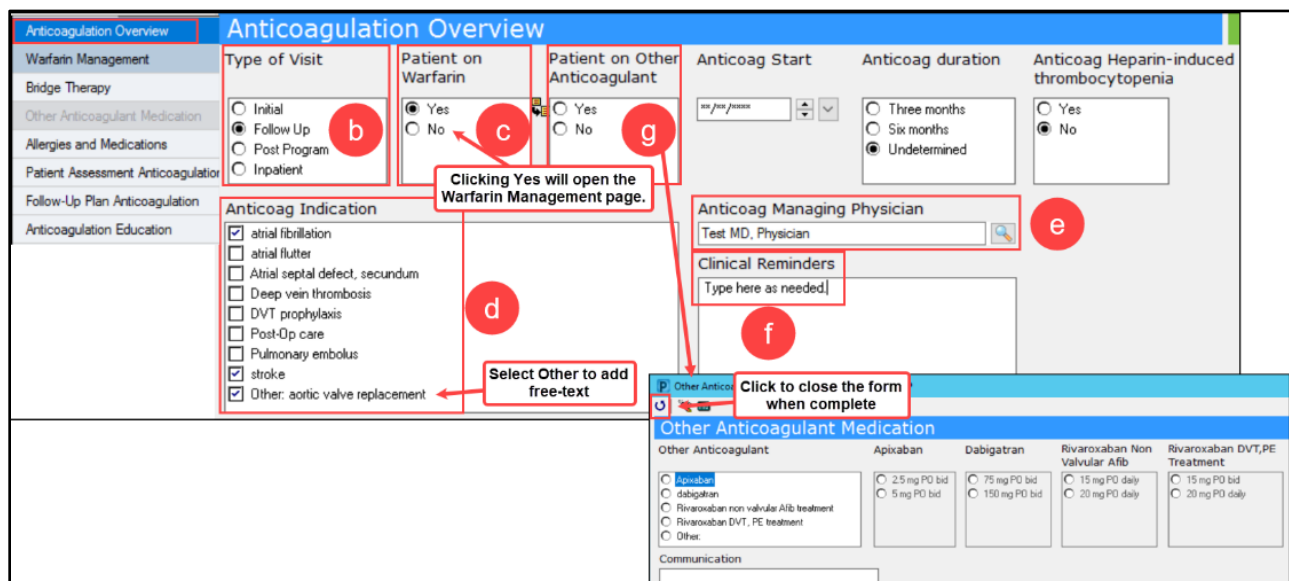
1. Navigate to the Anticoagulation Tasks Component in the AMB Anticoagulation Workflow.
2. Click on the Anticoagulation Therapy Management hyperlink to open the PowerForm.



Documenting on the Anticoagulation 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.



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2. Warfarin Management:

- 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).
- Enter or update the lower and upper INR goal range.
- 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).
- 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).

Warfarin Management

Transcribed INR Result: Transcribed INR Result Date: Transcribed INR Source: Home health Point of Care Outside Lab Self Test

Anticoag INR Goal Lower: Anticoag INR Goal Upper:

Warfarin Tablet Size: 1 mg tab 2 mg tab 2.5 mg tab 3 mg tab 4 mg tab 5 mg tab 6 mg tab 7.5 mg tab 10 mg tab

Daily/Weekly Dosing	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total
Week 1 Dose	5 mg	5 mg	5 mg	5 mg	5 mg	5 mg	5 mg	35 mg

3. Bridge Therapy:

- Enter information if the patient is on any anticoagulation bridge therapy.

Bridge Therapy

Bridging Medication: enoxaparin fondaparinux Other:

Enoxaparin: 1 mg/kg SQ daily 1 mg/kg SQ bid 1.5 mg/kg SQ daily Other:

Fondaparinux: 5 mg SQ daily 7.5 mg SQ daily 10 mg SQ daily Other:

- 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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5. 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.

Patient Assessment

	Yes	No	Comment
Changes in alcohol consumption		X	
Doses missed		X	
Extra Doses		X	
Rectal Bleeding		X	
Signs of Clotting		X	
Signs of Warfarin Intolerance		X	
Unusual Bleeding, Bruising		X	
Changes in diet	X		Type information here.
zzDiarrhea, ID Risk		X	
Change in medications		X	
Vomiting		X	
Upcoming Procedures		X	

Adverse Drug Event: Hemorrhagic, Thromboembolic, Other: _____

Contributing Factors: Chemotherapy, Surgery, Unrelated disease, Other: _____

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 Follow-Up Communication. Select Other to free-text information (i.e., spoke to spouse).

- d. Enter any Anticoagulation Management Comments.

Follow-Up Assessment

Date of Next INR: 01/04/2023 (a)

Continue Coumadin: No (b)

Coumadin End: [dropdown]

Anticoagulation Follow-Up Communication: Spoke with Patient, Left Message to Return Call, Left Message By Phone, Sent Letter, Left Message By Portal, Other: _____ (c)

Anticoagulation Management Comments: [Text area with "Enter Follow-Up Comments here."] (d)

Select when discontinuing Coumadin

7. Anticoagulation Education:

- a. Enter all relevant education information.

Patient Education

Responsible Learner Present for Session: Yes, No

Home Caregiver Name/Relationship: [Text area]

Barriers: None, Acuity, Cognitive, Cultural, Desire

Teaching Method: Demonstration, Printed materials, Video/educational TV, Explanation, Teach-back, Web-Based

Document Learning Evaluation for Responsible Learner(s):

	Verbalizes understanding	Demonstrates	Needs
Bruising, Bleeding Precautions	X		

8. Click the green check to sign the PowerForm.