

Anticoagulation Therapy Management for Providers and Clinical Staff

Cerner PowerChart Ambulatory EDUCATION

Anticoagulation therapy is documented using the Anticoagulation Therapy Management PowerForm. Documentation done correctly on the PowerForm displays in Results Review and pulls data into the Overdue INR Report. Providers may send anticoagulation management instructions through Message Center to the appropriate care team member to document the Anticoagulation Therapy PowerForm, or the provider may document on the PowerForm themselves, if needed.

Anticoagulation Therapy Management

- Anticoagulation management history, along with the associated laboratory results, may be viewed from the Anticoagulation tab within Results Review.

Anticoagulation Dosing Flowsheet		12/26/2022 8:30 AM EST
Anticoagulation Overview		
Patient on Warfarin		Yes
<input type="checkbox"/> Anticoag INR Goal Lower		2.0
<input type="checkbox"/> Anticoag INR Goal Upper		3.0
Warfarin Information		
Warfarin Tablet Size		5 mg tab
Warfarin Week 1 Dosage Plan		
<input type="checkbox"/> Warfarin Dose (mg) Sunday 1		5 mg
<input type="checkbox"/> Warfarin Dose (mg) Monday 1		5 mg
<input type="checkbox"/> Warfarin Dose (mg) Tuesday 1		5 mg
<input type="checkbox"/> Warfarin Dose (mg) Wednesday 1		5 mg
<input type="checkbox"/> Warfarin Dose (mg) Thursday 1		5 mg
<input type="checkbox"/> Warfarin Dose (mg) Friday 1		5 mg
<input type="checkbox"/> Warfarin Dose (mg) Saturday 1		5 mg
<input type="checkbox"/> Weekly Total-Dose (mg) Week 1		35 mg

- To send anticoagulation management instructions to the appropriate care team member to document on the Anticoagulation Therapy PowerForm, create and send a Message.
- Select the subject **Coumadin Management** to use the Coumadin Management template to communicate instructions to staff.

New Message

Patient: AMBBACON, KRIS P Caller: AMBBACON, KRIS P

To: Ambrnlpn, 4 x

CC: Provider: Test MD, Physician x

Subject: Coumadin Management

Message

Calibri 11

Coumadin Initiation

Indication:

Anticipated Duration:

INR goal range:

Dosing Instructions

Continue current dosing

Change dosing as noted below

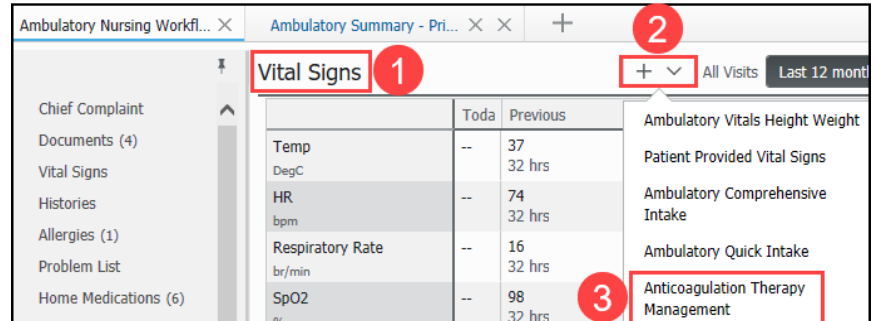
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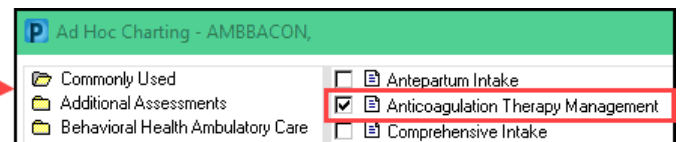
Anticoagulation Therapy Management PowerForm

Accessing the Anticoagulation Therapy Management PowerForm:

1. Navigate to the **Vital Signs** Component in the Ambulatory Workflow MPage within a patient's chart.
2. Click the drop-down arrow.
3. Select **Anticoagulation Therapy Management**.



- The **Anticoagulation Therapy Management** PowerForm may also be accessed from AdHoc on the toolbar.



Documenting on the Anticoagulation Therapy Management PowerForm:

1. **Anticoagulation Overview:**
 - a. Information entered on this page will cross encounters and display on 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.

Anticoagulation Overview

Warfarin Management

Bridge Therapy

Other Anticoagulant Medication

Allergies and Medications

Patient Assessment Anticoagulation

Follow-Up Plan Anticoagulation

Anticoagulation Education

Type of Visit

Initial
 Follow Up **b**
 Post Program
 Inpatient

Patient on Warfarin

Yes **c**
 No

Patient on Other Anticoagulant

Yes **g**
 No

Anticoag Start

Anticoag duration

Three months
 Six months
 Undetermined

Anticoag Heparin-induced thrombocytopenia

Yes
 No

Anticoag Managing Physician

Test MD, Physician **e**

Clinical Reminders

Type here as needed **f**

Anticoag Indication

atrial fibrillation
 atrial flutter
 Atrial septal defect, secundum
 Deep vein thrombosis
 DVT prophylaxis
 Post-Op care
 Pulmonary embolus
 stroke
 Other: aortic valve replacement **d**

Other Anticoagulant

Apixaban
 dabigatran
 Rivaroxaban non valvular Afib treatment
 Rivaroxaban DVT, PE treatment
 Other

Apixaban

2.5 mg PO bid
 5 mg PO bid

Dabigatran

75 mg PO bid
 150 mg PO bid

Rivaroxaban Non Valvular Afib

15 mg PO daily
 20 mg PO daily

Rivaroxaban DVT, PE Treatment

15 mg PO bid
 20 mg PO daily

Communication

Clicking Yes will open the Warfarin Management page.

Select Other to add free-text

Click to close the form when complete

- h. Fill in remaining fields, if known.

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).
 - i. 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: (a)
 Transcribed INR Result Date:
 Transcribed INR Source: Home health Point of Care Outside Lab Self Test

Anticoag INR Goal Lower: 2.0 (b)
 Anticoag INR Goal Upper: 3.0 (b)

Information Given By: Unable to obtain Sibling Spouse Daughter Family member Friend Parent Significant other Son

Warfarin Tablet Size: 1 mg tab 2 mg tab 2.5 mg tab 3 mg tab 5 mg tab 6 mg tab 7.5 mg tab 10 mg tab (c)

Bridge Therapy Indication: INR below goal range Procedure

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
Week 2 Dose	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Update weekly dosing (d)

3. Bridge Therapy:

- a. 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:

Comment:

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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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.

	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			
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 who the new managing provider or facility is.
 - 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 (a): 01/04/2023

Continue Coumadin (b): No

Coumadin End: xxx xxx xxxxxx

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

Anticoagulation Management Comments (d): Enter Follow-Up Comments here.

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

- Anticoagulation Overview
- Warfarin Management
- Bridge Therapy
- Other Anticoagulant Medication
- Allergies and Medications
- Patient Assessment Anticoagulation
- Follow-Up Plan Anticoagulation
- Anticoagulation Education

Patient Education

Responsible Learner Present for Session

 Yes
 No

Home Caregiver Name/Relationship

Barriers To Learning

<input checked="" type="checkbox"/> None evident	<input type="checkbox"/> Difficulty concentrating	<input type="checkbox"/> Literacy
<input type="checkbox"/> Acuity of illness	<input type="checkbox"/> Emotional state	<input type="checkbox"/> Memory problems
<input type="checkbox"/> Cognitive deficits	<input type="checkbox"/> Financial concerns	<input type="checkbox"/> Vision Impairment
<input type="checkbox"/> Cultural barrier	<input type="checkbox"/> Hearing deficit	<input type="checkbox"/> Other:
<input type="checkbox"/> Desire/Motivation	<input type="checkbox"/> Language barrier	

Teaching Method

<input type="checkbox"/> Demonstration	<input type="checkbox"/> Printed materials	<input type="checkbox"/> Video/educational TV
<input checked="" type="checkbox"/> Explanation	<input type="checkbox"/> Teach-back	<input type="checkbox"/> Web-Based

Document Learning Evaluation for Responsible Learner(s)

	Verbalizes understanding	Demonstrates	Needs further teaching	Needs practice/supervision	Comment
Bruising, Bleeding Precautions	X				
Contraception					
Diet Restrictions	X				
Medication Regime	X				
ED-Self Testing Instruction					

Education Referral Made To

<input type="checkbox"/> Behavioral Health Practitioner	<input type="checkbox"/> Physical therapy
<input type="checkbox"/> Diabetes Educator	<input type="checkbox"/> Physician Specialist
<input type="checkbox"/> dietitian	<input type="checkbox"/> Primary Care Physician
<input type="checkbox"/> Home health	<input type="checkbox"/> Respiratory Therapy
<input type="checkbox"/> Hospice	<input type="checkbox"/> Social Work
<input type="checkbox"/> Nurse Specialist	<input type="checkbox"/> Other:
<input type="checkbox"/> Occupational Therapy	

Additional Learner(s) Present

<input type="checkbox"/> Spouse	<input type="checkbox"/> Mother
<input type="checkbox"/> Daughter	<input type="checkbox"/> Sibling
<input type="checkbox"/> Family member	<input type="checkbox"/> Significant other
<input type="checkbox"/> Friend	<input type="checkbox"/> Son
<input type="checkbox"/> Grandfather	<input type="checkbox"/> Other:
<input type="checkbox"/> Grandmother	
<input type="checkbox"/> Father	

8. Click the green check to sign the PowerForm.

Clinical EHR Education, December 29, 2022, BNM (A)

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