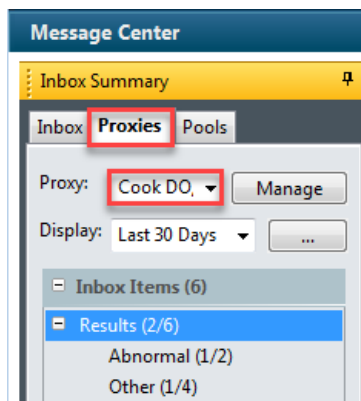


THV RN/LPN Coumadin Management

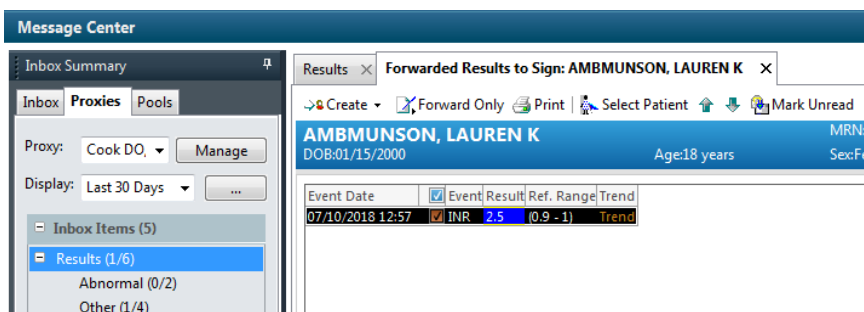
Pre-nurse management needed:

- a. Cardiologist gives proxie to THV RN/LPN
- b. Cardiologist orders Coumadin Management Order

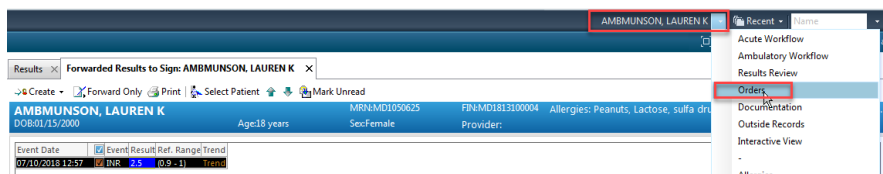
1. Open Message Center and click on Proxies tab
2. In Proxy: dropdown, select provider whose Inbox is being monitored



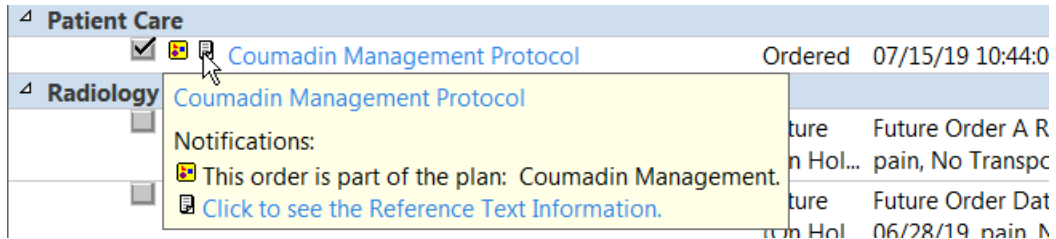
3. Click on the Results section, find the INR result, and double click on the result



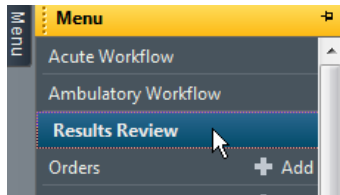
4. Open the patient's chart by clicking on dropdown next to the patient's name in the upper left corner and click on Orders



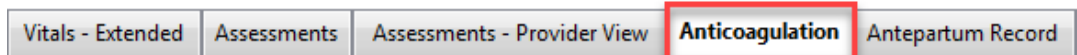
- Locate the Coumadin Management Protocol
Note: Hover over the “paper” icon and click on the Reference Text to view the actual protocol.



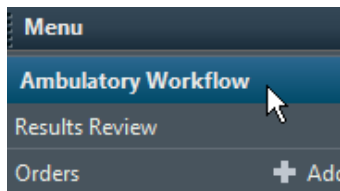
- Click on Menu, then open Results Review



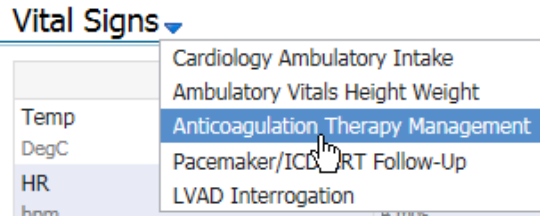
- Click on the Anticoagulation tab, view previous INR results and the previously documented information such as dosing




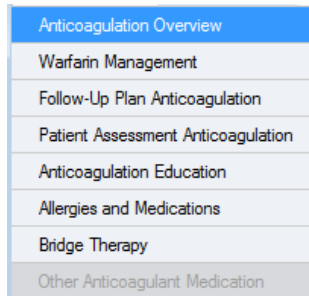
- Navigate to the workflow mPage by clicking on Menu and then Ambulatory Workflow



- Navigate to Vital Signs, click on the dropdown, and select the Anticoagulation Therapy Management powerform

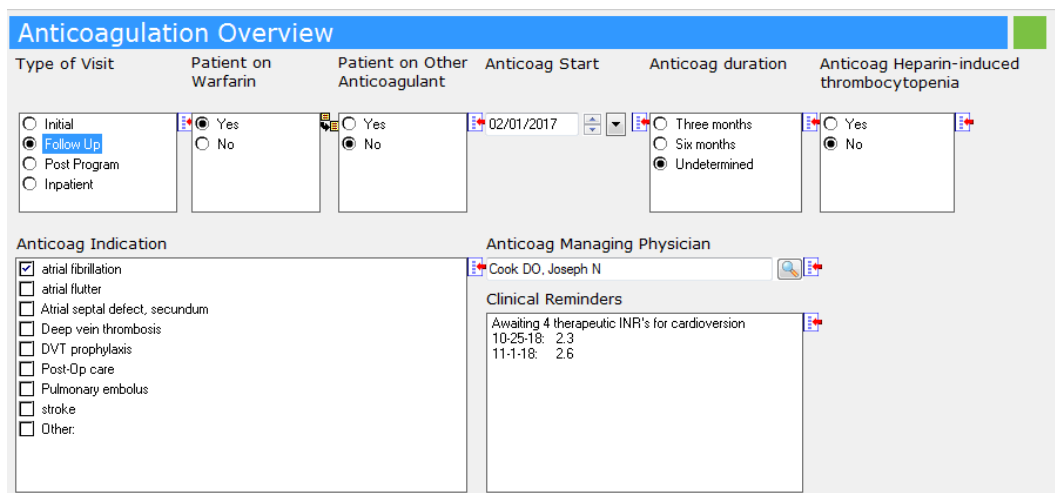


10. Within the Anticoagulation Therapy Management window, there are multiple components along the left side to document on as needed. There are also many fields within each of those components that will pull forward each time the powerform is loaded, indicated by this icon: 



11. The first component is Anticoagulation Overview. All of these fields pull forward after they are initially charted on.

Note: The Anticoag Managing Physician is crucial as this field is need to be able to generate a list of patients that are overdue on getting their INR drawn.



12. The second component is Warfarin Management with multiple fields again, pulling forward

Note: The top three fields are only to be used if the INR result is coming from one of the sources listed. If the INR was drawn at a Munson lab and is showing within Results Review, do not transcribe this result into these fields

Note: Week 2 Dose is to only be used when the patient is taking their Coumadin alternating doses every day (see screenshot below)

Warfarin

Transcribed INR Result	Transcribed INR Result Date	Transcribed INR Source						
<input style="width: 80%;" type="text"/>	xxx/xx/xxxx <input type="text"/>	<input type="radio"/> Home health <input type="radio"/> Point of Care <input type="radio"/> Outside Lab <input type="radio"/> Self Test						
Anticoag INR Goal Lower	Anticoag INR Goal Upper							
<input style="width: 80%;" type="text" value="2.0"/>	<input style="width: 80%;" type="text" value="3.0"/>							
Information Given By	Warfarin Tablet Size	Bridge Therapy Indication						
<input type="checkbox"/> Unable to obtain <input type="checkbox"/> Sibling <input type="checkbox"/> Self <input type="checkbox"/> Significant other <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Family member <input type="checkbox"/> Friend <input type="checkbox"/> Parent	<input type="checkbox"/> 1 mg tab <input type="checkbox"/> 7.5 mg tab <input type="checkbox"/> 2 mg tab <input type="checkbox"/> 10 mg tab <input type="checkbox"/> 2.5 mg tab <input checked="" type="checkbox"/> 3 mg tab <input type="checkbox"/> 4 mg tab <input checked="" type="checkbox"/> 5 mg tab <input type="checkbox"/> 6 mg tab	<input checked="" type="radio"/> INR below goal range <input type="radio"/> Procedure						
Daily/Weekly Dosing								
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total
Week 1 Dose	<input style="width: 80%;" type="text" value="5"/>	<input style="width: 80%;" type="text" value="3 mg"/>	<input style="width: 80%;" type="text" value="5"/>	<input style="width: 80%;" type="text" value="3 mg"/>	<input style="width: 80%;" type="text" value="5 mg"/>	<input style="width: 80%;" type="text" value="3 mg"/>	<input style="width: 80%;" type="text" value="5 mg"/>	<input style="width: 80%;" type="text" value="29 mg"/>
Week 2 Dose	<input style="width: 80%;" type="text" value="3 mg"/>	<input style="width: 80%;" type="text" value="5 mg"/>	<input style="width: 80%;" type="text" value="3 mg"/>	<input style="width: 80%;" type="text" value="5"/>	<input style="width: 80%;" type="text" value="3 mg"/>	<input style="width: 80%;" type="text" value="5 mg"/>	<input style="width: 80%;" type="text" value="3 mg"/>	<input style="width: 80%;" type="text" value="27 mg"/>

13. The third component is Follow-Up Plan and none of these fields full forward

Follow-Up Assessment

Date of Next INR: 11/15/2018
 Continue Coumadin: No
 Coumadin End:

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

Anticoagulation Management Comments

Patient notified of INR result, no changes in meds or diet, also no problems noted. Patient instructed to continue same dose. INR in 1 week.

14. The fourth component is Patient Assessment

Patient Assessment

	Yes	No	Comment
Changes in alcohol consumption	X	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	
Diarrhea		X	
Change in medications		X	
Vomiting		X	
Upcoming Procedures		X	

Adverse Drug Event
 Hemorrhagic
 Thromboembolic
 Other:

Contributing Factors
 Chemotherapy
 Surgery
 Unrelated disease
 Other:

15. The fifth component is Anticoagulation Education

Patient Education

Responsible Learner Present for Session <input checked="" type="radio"/> Yes <input type="radio"/> No	Home Caregiver Name/Relationship <div style="border: 1px solid black; height: 40px;"></div>	Barriers To Learning <input checked="" type="checkbox"/> None evident <input type="checkbox"/> Acuity of illness <input type="checkbox"/> Cognitive deficits <input type="checkbox"/> Cultural barrier <input type="checkbox"/> Desire/Motivation <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Emotional state <input type="checkbox"/> Financial concerns <input type="checkbox"/> Hearing deficit <input type="checkbox"/> Language barrier <input type="checkbox"/> Literacy <input type="checkbox"/> Memory problems <input type="checkbox"/> Vision Impairment <input type="checkbox"/> Other:																																				
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) <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Verbalizes understanding</th> <th>Demonstrates</th> <th>Needs further teaching</th> <th>Needs practice/supervision</th> <th>Comment</th> </tr> </thead> <tbody> <tr> <td>Bruising, Bleeding Precautions</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Contraception</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Diet Restrictions</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Medication Regime</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ED-Self Testing Instruction</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Verbalizes understanding	Demonstrates	Needs further teaching	Needs practice/supervision	Comment	Bruising, Bleeding Precautions	X					Contraception	X					Diet Restrictions	X					Medication Regime	X					ED-Self Testing Instruction					
	Verbalizes understanding	Demonstrates	Needs further teaching	Needs practice/supervision	Comment																																	
Bruising, Bleeding Precautions	X																																					
Contraception	X																																					
Diet Restrictions	X																																					
Medication Regime	X																																					
ED-Self Testing Instruction																																						
Education Referral Made To <input type="checkbox"/> Behavioral Health Practitioner <input type="checkbox"/> Diabetes Educator <input type="checkbox"/> dietitian <input type="checkbox"/> Home health <input type="checkbox"/> Hospice <input type="checkbox"/> Lactation Consultant <input type="checkbox"/> Nurse Specialist <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical therapy <input type="checkbox"/> Physician Specialist <input type="checkbox"/> Primary Care Physician <input type="checkbox"/> Respiratory Therapy <input type="checkbox"/> Social Work <input type="checkbox"/> Other:	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																																					

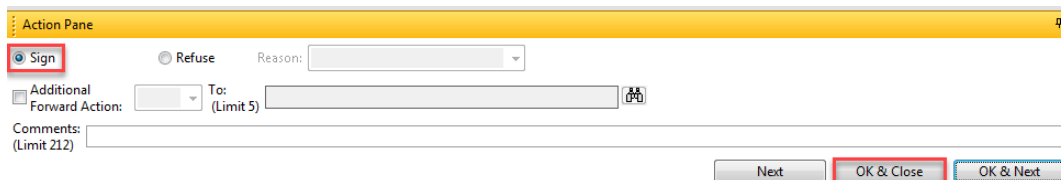
16. The sixth component is Allergies and Medications

17. The seventh component is Bridge Therapy and is used as a place that nursing can document when a provider has ordered bridge therapy

18. The final component is Other Anticoagulant Medication and is used if the patient is taking another anticoagulant along with their Coumadin (rare). It can also be a place to document the transitioning of a patient from Coumadin to that other anticoagulant or other anticoagulant to Coumadin.

19. Again, each component can be used as needed providing that the minimum documentation required by the practice has been achieved. Once charting has been completed on the powerform, click the green checkmark in the upper left corner to sign ✓

20. Finally navigate back to the Message Center. The INR result should still be on the screen, if not, located first, and open. Within the Action Pane, make sure radio button for Sign is selected, then click OK & Close. This will sign the result for the provider and remove it from their inbox (and the Proxies tab)



The screenshot shows the 'Action Pane' interface. At the top, there are two radio buttons: 'Sign' (which is selected and highlighted with a red box) and 'Refuse'. To the right of the 'Refuse' button is a 'Reason:' dropdown menu. Below these are two checkboxes: 'Additional Forward Action:' (unchecked) and 'To: (Limit 5)' (checked). To the right of the 'To:' checkbox is a text input field. Below these is a 'Comments: (Limit 212)' text area. At the bottom right, there are three buttons: 'Next', 'OK & Close' (highlighted with a red box), and 'OK & Next'.