

Checklist for Patient Counselling on Oral Anticoagulant Therapy

Patient Name:

Patient ID:

Please initial & date to confirm counselling has taken place. Ensure that patient has been given the Oral Anticoagulant Therapy Information booklet, alert card & record book.

		Date	Initials			Date	Initials
1. What is an oral anticoagulant & mode of action	Refer to Anticoagulant Therapy information booklet			9. Surgery & dental treatment	Refer to Anticoagulant Therapy information booklet		
2. How to take oral anticoagulant & strengths of tablets	Refer to Anticoagulant Therapy information booklet. N.I. Regional policy to use 1mg & 3mg only.			10. Other medicines	Refer to Anticoagulant Therapy information booklet		
3. Monitoring the INR	Refer to Anticoagulant Therapy information booklet			11. Diet	Refer to Anticoagulant Therapy information booklet		
4. Clinic arrangements	Give details of the clinic arrangements & contact details. Refer to front page of Anticoagulant Therapy information booklet			12. Alcohol	Refer to Anticoagulant Therapy information booklet		
5. Ordering repeat prescriptions	Give details of practice policy and that patient may be asked to provide details about current INR & dose or present record book.			13. Pregnancy/ periods	Refer to Anticoagulant Therapy information booklet		
6. Side effects & action to take	Refer to Anticoagulant Therapy information booklet			14. Other illnesses	Advise of the effects of vomiting, diarrhoea, infections etc on absorption of oral anticoagulant or effect on INR		
7. Signs of poor anticoagulant control & action to take	Give details of signs of overcoagulation e.g. bruising, bleeding and of undercoagulation e.g. thromboembolism			15. Injections	Avoid intramuscular injections		
8. Information to others e.g. pharmacist, dentist, podiatrist	Advice to inform all healthcare staff that they are taking oral anticoagulants			16. Sports & leisure	Avoid activities or sports which may result in a serious fall or head injury		