

An audit of the documentation of new oral anticoagulants

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Background

New oral anticoagulants (NOACs) are considered to be high risk medications as there is potential that they can result in significant patient harm, or even death if they are misused.¹ There have been circumstances in which major bleeding events, including those that are fatal, have occurred with their use.^{2,3} Such occasions highlight the need to undertake certain practices that aim to reduce the likelihood of potential harm in patients taking anticoagulants.

Aim

To determine the completeness of new oral anticoagulant (NOAC) documentation by the healthcare team on the National Inpatient Medication Chart (NIMC), the Medication Action Plan (MAP), Discharge Medication Record (DMR) and discharge (DC) summary.

Methods

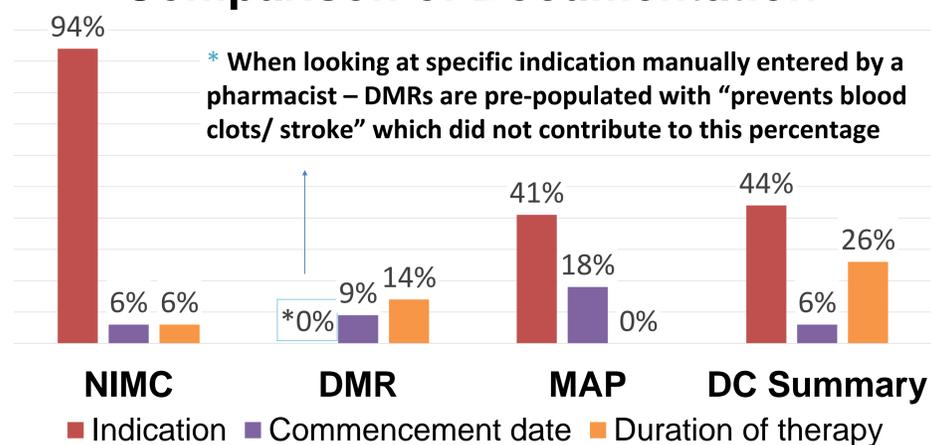
A retrospective chart audit of all inpatients discharged on a NOAC during a one-week period between the 9th to 16th January 2017, was performed. The documentation of information surrounding the indication, commencement date and duration of therapy of the NOAC was reviewed on the NIMC, the MAP, the DMR and the discharge summary. The information annotated on the venous thromboembolism (VTE) prophylaxis section and NOAC education record section were also reviewed.



Results

The total study population was 23 patient charts.

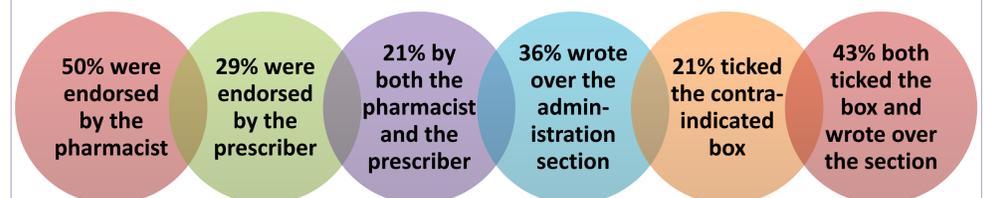
Comparison of Documentation



The indication on the NIMCs were predominantly documented by pharmacists (81%) and less so by prescribers (19%).

On the NIMCs, “anticoagulant” was endorsed on 41% of the charts.

61% of the NIMCs marked VTE prophylaxis as contraindicated.



0% of the NIMCs documented the provision of a NOAC book.

0% of the NIMCs documented the completion of education by a pharmacist

Rivaroxaban
Warfarin education record
Patient educated by: J. Smith
Sign: JSmith
Date: 6/1/16
Given warfarin book: CMI
Sign: JSmith
Date: 6/1/16

On the discharge summaries, 84% included a completed medication list that had been reconciled and authorised by a pharmacist.

Conclusion

The documentation of NOAC indication and VTE prophylaxis contraindication was performed well on the NIMCs. Additionally, the provision of medication lists to GPs and patients was also well executed. However, documentation of NOAC commencement date, duration of therapy and provision of education was suboptimal. Improvement to clinical handover across the care continuum is critical for patients taking high risk medications.

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