

# Warfarin (Coumadin) Step-by-Step Counseling Guide



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# Warfarin (Coumadin) Step-by-Step Counseling Guide

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### Overview

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Part of UConn Health's mission is to help patients achieve and maintain healthy lives and restore wellness and health to a maximum attainable level. In order for the hospital to maximize reimbursement, the hospital must adequately practice a variety of evidence-based, scientifically researched standards of care. These practices are reported and tracked by The Centers of Medicare and Medicaid (CMS), and are commonly known as *core measures*. One of the many core measures related to pharmacy calls for warfarin counseling to any patient actively on warfarin therapy. As part of the core measures for this initiative, compliance issues, dietary advice, follow-up monitoring of their INR and the potential for adverse drug reactions and interactions must be addressed with the patient. This is where you come in! Below is a step-by-step guide to warfarin counseling, specific to UConn Health Pharmacy.

### How-to Prepare and Counsel

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- 1) Refer to preceptor for a daily printout of patients actively on warfarin therapy. Below is a sample of what the print out looks like. The first column, NRS station, tells you where the patient is located in the hospital. For example, patients AM and AC are located on cardiac step-down (CS2) on the 2<sup>nd</sup> floor, while HZ, NM and CL are on the medical unit (MED) on the 4<sup>th</sup> floor. Patient MM is on the oncology unit (ONC) on the 6<sup>th</sup> floor and patient RM is on the surgical unit (SURG) on the 7<sup>th</sup> floor. We do not typically counsel patients in the ICU as it may be difficult for them to effectively communicate however, these patients may still be evaluated as they may be a border from a non-ICU service. Patients on MS are from CHMC and should not require counseling.

NRS STATION (patient location)	PT NAME	PAT NUM	PTMEDREC	GENERIC NAME
CS2 (cardiac step down, 2 <sup>nd</sup> floor)	Patient AM	123456	789160	WARFARIN DAILY DOSE CALL H.O.*
CS2	Patient AC	596874	432551	WARFARIN DAILY DOSE CALL H.O.*
ICU (2 <sup>nd</sup> floor)	Patient ET	547632	124563	WARFARIN DAILY DOSE CALL H.O.*
MED (4 <sup>th</sup> floor)	Patient HZ	541846	589641	WARFARIN DAILY DOSE CALL H.O.*
MED	Patient NM	562354	244599	WARFARIN DAILY DOSE CALL H.O.*
MED	Patient CL	112201	586971	WARFARIN DAILY DOSE CALL H.O.*
MS	Patient TV	745690	879019	WARFARIN DAILY DOSE CALL H.O.*
ONC (6 <sup>th</sup> floor)	Patient MM	596874	526365	WARFARIN DAILY DOSE CALL H.O.*
SURG	Patient RM	475896	696472	WARFARIN DAILY DOSE CALL H.O.*

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- 2) Print out copies of “A Patient’s Guide to Warfarin (Coumadin).” These are handouts you will be reviewing with patients and must be given to the patient. Become familiar with it! Below is a link to access the handout:

[http://pharmacy.uhc.edu/references/docs/coumadin\\_warfarin\\_patient\\_education\\_pharmacy\\_handout.pdf](http://pharmacy.uhc.edu/references/docs/coumadin_warfarin_patient_education_pharmacy_handout.pdf)

Warfarin folders that include AHRQ booklet can also be found in the IDS Pharmacy office.

- 3) Before heading off to the patient’s room, there are a few things to keep in mind. You may not be able to counsel everyone on their warfarin medication and, therefore, need to prioritize those you see first. This can be done by reviewing patient care documentation in LCR as described below. You want to target those patients whom you suspect will be ready for discharge within the upcoming day as opposed to those who may have a lengthy stay ahead of them; those can be counseled another day. You also want to gain insight about the patient’s social history, i.e. what is the patient’s living situation? Are they at a nursing home, senior housing facility or living at home with a caregiver such as a spouse, son or daughter? This information is useful to know beforehand, and can help you more appropriately address their ability to maintain monthly INR checks and adherence to therapy. You will also want to know the sensory and cognitive function of the patient to determine how receptive they will be to counseling. You may also encounter a patient that primarily communicates in a language other than English. For these patients, interpreter services are available. Please work with your preceptor for assistance. Lastly, you want to know what the patient’s indication for receiving warfarin is, i.e. Afib, DVT, PE, or surgical procedure so you can determine what their INR goal is and answer any clinical questions they may have.

Guide to obtaining patient information from LCR:

- Click on “Admission#” and enter the patient’s number (PAT\_NUM on the form)
- Click on the patient’s name
- Go to “DISPLAY Patient Care Documentation”
  - Then go to “All Nsg Documentation This Adm”
  - Look at where the patient is from and if they can perform ADLs to gain an understanding of the patient’s home environment
  - Look to see if the patient speaks English and if they are ready to learn to evaluate the patient’s education needs
  
  - Then go to “Addnl Shift Assessments”
    - Then go to “patient/family”

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- Read patient history to better understand the patient’s willingness to receive counseling
  - Go to “Notes”
    - Check if there are any notes from neuro, case management, or dietary
      - use these notes to gain more information about the patient’s cognitive status, their ability to understand counseling, where they will be going once they are discharged (home, STR, SNF), and if they have been seen by dietary
    - Review ambulatory care notes and discharge summaries to assess patient history
  - Go to write orders/current orders
    - Look at PMH to find patient’s diagnosis/indication for warfarin therapy
- 4) You are now ready to counsel your patient! Check the census board on the unit to double check the patient’s location. Some hospital rooms have 2 patients within, while others only have 1. Those rooms with 2 patients have a corresponding letter after the room number, either the letter A or B. The patient by the window is designated with the letter B (think “B” for a beautiful view). The patient by the door is designated with A.
- 5) Before walking into a patient’s room, you want to be sure to sanitize your hands with the foam hand sanitizer located outside the patient’s room. Do this afterwards as well. Remember, foam in, foam out! Also, it is important to be aware of any contact precautions prior to entering the room. If there is a sign hanging, please don the proper protective garb.
- 6) Use the acronym **AIDET** to professionally encounter and counsel your patient:

**AIDET**

By using AIDET when we communicate with a patient, the patient is being told who you are, why you are in their room, and what will be happening. This decreases patient anxiety and increases patient satisfaction.

A	Acknowledge
I	Introduce
D	Duration
E	Explanation
T	Thank You

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- Acknowledge
  - Greet the patient with their name and a smile. This provides a personal connection with the patient.
    - “Good morning/afternoon Ms. Patient.”
  - Acknowledge the patient’s right to privacy and consider all interactions with patients to be confidential
  
- Introduce
  - Tell the patient who you are and how you are going to help them.
    - “My name is \_\_\_\_\_, and I am a pharmacy student working with the pharmacist to assist your team in caring for you.”
  
- Duration
  - Give the patient an estimate of the time it will take to complete the discussion. This is part of setting expectations for the patient so that they are aware at all times why you are in the room and what will happen.
    - “I would like to discuss the medications you take at home. This will take approximately 15 minutes of your time. Is now a good time to discuss this?”
  
- Explanation
  - Explain what you are going to do for the patient. Ask if they have any questions or concerns.
    - “We want to be sure we have the correct information about your home medications so the correct medications can be ordered for you while you are in the hospital. “
  
- Thank you
  - Thank the patient for choosing our hospital to receive their care. Ask the patient if there is anything else you can do for them before you leave. Take time to “manage up” the current area, colleagues, and physician to reinforce the team atmosphere to the patient and increase the patient’s confidence level in the care they are receiving here at our hospital.
    - “Thank you Ms. Patient for your time and for selecting our hospital. Is there anything I can do for you? You are in excellent hands here in the [Emergency Department]. Have a good day.”

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7) You can also use the acronym PHARM to ensure a successful patient encounter:

**5 Things to do with Every Patient**

P	Privacy <ul style="list-style-type: none"><li>• Treat all interactions with patients as confidential</li><li>• “May I come in? I am closing the door/pulling the curtain closed for your privacy“</li><li>• “Are you comfortable discussing your medications while others are in the room with us?”</li></ul>
H	Hand hygiene <ul style="list-style-type: none"><li>• Use antibacterial gel to clean hands for patients protection before and after entering a patient’s room</li></ul>
A	AIDET (Acknowledge, introduce, duration, explain, thank) <ul style="list-style-type: none"><li>• Framework on how to communicate with patients and families to ease nervousness and anxiousness</li></ul>
R	Right patient: Use two identifiers to ensure correct patient information <ul style="list-style-type: none"><li>• Patient name and date of birth</li></ul>
M	Medication questions and manage up <ul style="list-style-type: none"><li>• “Do you have any questions for me?”</li><li>• “You will receive excellent care while you are here- the staff is great.”</li></ul>

Tips

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Some counseling tips and tricks:

- Some patients refer to warfarin as warfarin, others as Coumadin®. Keep this in mind and use both names in the beginning of your session to ensure the patient knows what medication you are talking about.
- Use open ended questions
- Our nutrition staff at the hospital also provides some dietary education to patients on warfarin. If the patient mentions someone came by to speak to them about their warfarin it may have been the nutrition staff.
- If a patient is close to being discharged, check to see if their discharge medications still includes warfarin. Some patient may have only been on warfarin for their hospital stay and therefore do not require counseling. This information can be obtained in LCR or the patient’s chart.

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- Another source of information is the Med-History Technicians. They can tell you a wealth of information relating to the patient's home medications, including if the patient has been on warfarin prior to admission or the home medications (if reviewed already).
- Be sure to verify the patient's date of birth before each counseling session. This is also a good way to gauge a patient's cognitive function and their ability to understand any information you present.
- Here are a few points to make sure you review:
  - What warfarin dose
  - Reason for taking warfarin
  - Blood test for checking warfarin is called an INR
  - Target INR is...(insert patient's INR)
  - How to take warfarin
  - Possible side effects of warfarin (i.e. bleeding)
  - Review of possible drug interaction with warfarin (both prescription and OTC)
  - Who should the patient call if any questions

## Documentation

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8) The last thing that needs to be done is documentation of the encounter. Before heading back to the pharmacy, inform the pharmacist on the unit that the counseling is complete who will then make note of the encounter. There is also a spreadsheet located in the pharmacy to keep account of the encounters so be sure to fill it out daily for each counseling encounter.

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9) Lastly, inform your preceptor of all the patient's names you successfully counseled and she will document the session in LCR. Below is an example of what is recorded as part of the patient's profile:

**D:** Education required for warfarin.

**A:** Spoke to patient regarding indication for warfarin, how to take Warfarin, drug and food interactions, and monitoring of ADRs. Teaching on warfarin completed with patient. Patient given handout "A Patient's Guide to Warfarin" from JDH Department of pharmacy.

**R:** Patient confirmed they understood the information provided and left written communication with patient.

The note is in "DAR" form and is documented in the patient care flowchart section in LCR. The "DAR" provides a model for documenting patient care actions. The D stands for data, which contains subjective and/or objective information that supports the stated focus or describes the patient status at the time of an intervention. The A stands for action and contains a description of interventions made to address the patient's status. The R stands for response and describes the patient's response to the intervention.





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Appendix III: Example of DAR

Progress Note entered at 1353 on 7/20/15 by RUTH KALSH PHH

Title: PHARMACIST WARFARIN EDUCATION

Date: (Max 2450 characters)  
Education required for warfarin.

Action: (Max 2450 characters)  
Spoke to patient regarding indication for warfarin, how to take warfarin, drug and food interactions, and monitoring of ADRs. Teaching on warfarin completed with patient. Patient given handout VA patient's guide to warfarin from JPH Department of Pharmacy.

Response: (Max 1400 characters)  
Patient confirmed they understood the information provided and left written communication with the patient.

OK Cancel Help

## Appendix II: How to Document

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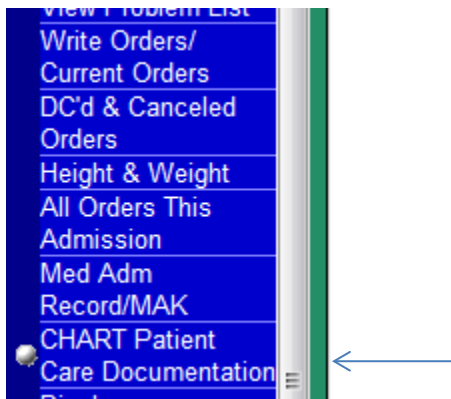
Documenting Warfarin Education

Log-in to LCR/POE

Select Unit from “In-Patients Census”

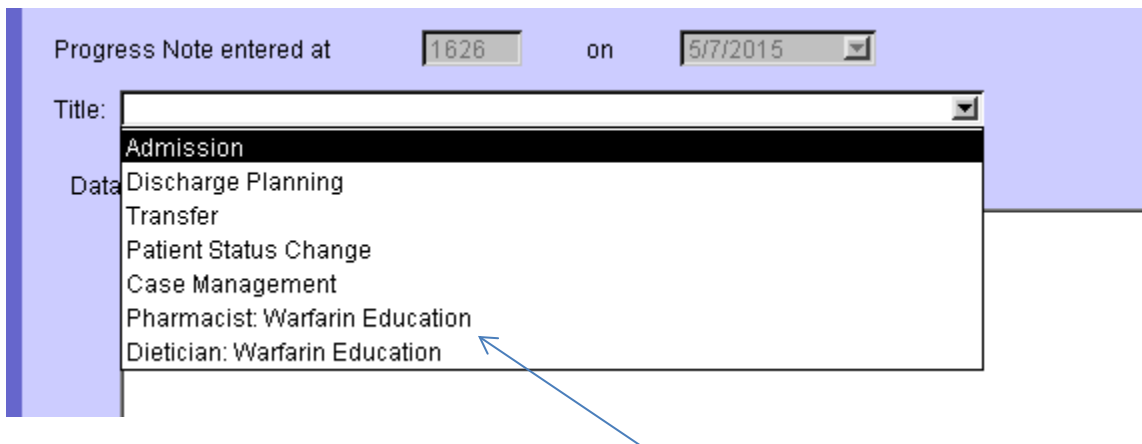
Select patient’s name

Select “Chart Patient Care Documentation”



This will open to Chart Progress notes

Select the title of the note, modify the date and time if you are “back” charting



Complete the 3 sections of the note

Select OK, you are all done. Log-out of LCR/POE.

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To revise or delete a note select Revise Progress/Care Plan Notes

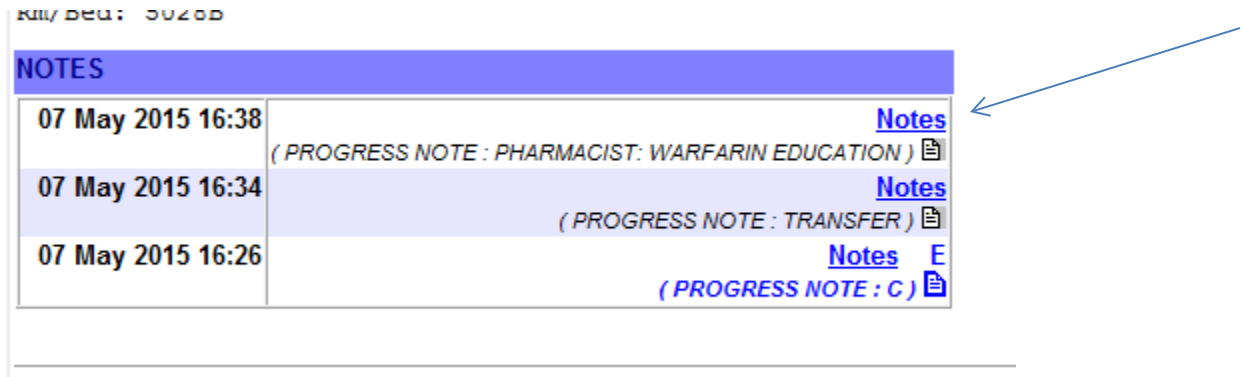


Select Append text, you will not be able to change the original note only add a clarification to the existing note. Once completed select "Chart"

To delete a note select append text providing reason for deleting note. Select chart. Select the note you want to delete and Revise and then delete note finally select chart. The note will be marked as erroneous and will remain in the chart.

To review the documentation select Display Patient Care Documentation:

Select progress/Care Plan Notes/select the blue NOTES and the note will display



If you are reviewing the note in the same entry session you must hit refresh to the note to apply to the chart.

