Complete each field below to assess your organization’s commitment to preventing anticoagulant ADEs. Download the [Plan-Do-Study-Act Worksheet](https://hqin.org/resource/plan-do-study-act-worksheet/) to assist in your improvement efforts.

| **Question**  ***(Check the “Y” and/or “NI” box(es) to designate***  ***Yes and if the area Needs Improvement)*** | **Y** | **NI** | **Comments** |
| --- | --- | --- | --- |
| Does the medical record include documentation of clinical indication? |  |  |  |
| Is there a system to ensure lab results, including PT/INRs, are routinely monitored and appropriately communicated to the physician, including when subtherapeutic and panic values are obtained? |  |  |  |
| Is there a system to alert prescribers and nursing staff when anticoagulants are combined with other drugs that increase risk of bleeding? |  |  |  |
| When instability in PT/INRs are found, is there a system to include review of dietary intake for foods that may interact with anticoagulants? |  |  |  |
| Are caregivers educated on risk factors and signs/symptoms that may be indicative of excessive bleeding and thromboembolism? |  |  |  |
| Are residents/families educated regarding the risks associated with anticoagulant use and the signs and symptoms of excessive bleeding? |  |  |  |

| **What are your program strengths?** |
| --- |
| **What areas need improvement?** |
| **Are you willing to commit to implementing or reviewing your existing huddle process with direct care staff?** |

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