

NHS Ayrshire & Arran

**Care Plan for Near Patient Testing
In community setting**

Write or attach label	
HCR No:
CHI No:
Surname:
Forename: Sex:

Patient Problem/Need
Patient on Anticoagulation Therapy requires regular INR Blood Test and is unable to attend the clinic or hospital

Goal
To maintain patients INR within target range.
Anticoagulation medication dose will be adjusted according to result to maintain Target INR

Date	Time	Intls	Planned Nursing Interventions	Discontinued Date/Time	Intls
			The monitoring device is collected from GP Practice where Internal Quality Control Procedures have been completed and recorded (by the locally agreement)		
			Patient is assessed prior to the test, check for and record:- <ul style="list-style-type: none"> • Unusual bruising or prolonged bleeding • Blood in stools or urine • Warfarin compliance and changes of Medication Lifestyle changes, e.g. increase in Alcohol consumption		
			Perform blood test using capillary blood, using the technique stipulated by the manufactures of the device.		
			Communicate the results back to the GP Practice		
			General practice will enter the result and communicate the dose and date for next test to the patient or designated appropriate carer.		
			Continuous evaluation for the appropriateness of the service in that the patient remains housebound		
			This care plan has been discussed and agreed with the patient and relatives/carer as appropriate.		

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Recording sheet for housebound anti-coagulated patients

Date

<p align="center">Write or attach label</p> <p>HCR No:</p> <p>CHI No:</p> <p>Surname:</p> <p>Forename: Sex:</p> <p>Address:</p> <p>.....</p> <p>Date of Birth:</p>

Any new problems with bleeding / bruising? Yes No

<p>If yes please document details:</p>
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Is there blood in stools or urine? Yes No

<p>If yes please document details:</p>
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Any patient concerns with their anticoagulation? Yes No

<p>If yes please document details:</p>
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.....
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Today's INR

Signature: Designation: