

Anticoagulation Patient Self-Monitoring Agreement

Patient name: _____

Patient address: _____

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1. Follow up review will be every _____ months.
 2. The above patient will be responsible for arranging the appointments with _____
 3. INR results and dates, quality control results and any problems will be documented accurately in the anticoagulant record book provided.
 4. External Quality Assessment will be performed 6 monthly using the following procedure:

 5. If self-managing their warfarin, the agreed algorithm for dosage of warfarin is followed and _____ contacted for advice if the INR result is greater than 5.0 or if any change from the algorithm is felt necessary.
 6. The INR test is performed on _____ at _____ when the clinician responsible is available for advice if necessary.
 7. Needles are disposed of safely in an appropriate container and other contaminated material wrapped up carefully and placed in the usual waste bin. Sharps boxes should be disposed of at point of purchase.
 8. _____ is responsible for ordering supplies of equipment directly from manufacturer or strips from the practice
 9. _____ is informed if patient is intending to move away or stops self testing/management so that arrangements can be made for alternative management.
 10. _____ will undergo an annual clinical review to assess capability to self test/manage; eg; manual dexterity, eyesight.

Signature of clinician responsible: _____ Date: _____

Signature of patient: _____ Date: _____

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