Essential Communication Elements Anticoagulant Checklist

Anticoagulant(s) currently utilized.	YES 🗌	NO 🗌
Indication(s) for anticoagulation therapy.	YES 🗌	NO 🗌
Documentation describing whether the patient is new to anticoagulation therapy or a previous user.	YES 🗌	NO 🗌
If a patient is new to anticoagulation therapy, the start date of anticoagulation is provided.	YES 🗌	NO 🗌
Documentation indicating whether treatment for each indication is intended to be acute (short term) or chronic (long term).	YES 🗌	NO 🗌
If any acute (short term) indications, the intended duration of therapy is communicated.	YES 🗌	NO 🗌
Date, time, route, dose, and strength of the last 2 doses given.	YES 🗌	NO 🗌
Date, time, and magnitude of next dose due.	YES 🗌	NO 🗌
Most recent assessment of renal function (within past 30 days, with date and results).	YES 🗌	NO 🗌
Documentation of the provision of patient education materials about the anticoagulant	YES 🗌	NO 🗌
Assessment of patient/caregiver understanding of their anticoagulation regimen.	YES 🗌	NO 🗌
If transitioning to a non-institutionalized setting, expectations for who was responsible for ongoing anticoagulation management.	YES 🗌	NO 🗌
If prescribed warfarin, the target INR or INR range is documented.	YES 🗌	NO 🗌
If prescribed warfarin, a minimum of 2–3 consecutive INR lab results are provided (with dates and results).	YES 🗌	NO 🗌
If prescribed warfarin, the date for when the next INR was due is communicated.	YES 🗌	NO 🗌