

# ANTICOAGULATION DISCHARGE COMMUNICATION (AC-DC) | AUDIT TOOL

Facility \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Data Collector's Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Purpose:** To evaluate providers' practices regarding communication of requisite anticoagulation-related elements to subsequent providers upon patient transfer or discharge.

## Instructions:

- Using the criteria below, audit 5-10 medical records of patients transferred or discharged on any anticoagulant\*.
- Answer Y, N or NA (not applicable) to the following questions using data found in the patient's discharge instructions, discharge summary or other written communication intended to accompany the patient upon discharge or transfer.
- For each record reviewed assign a number in the patient column heading (e.g. Pt 1). For patients on more than one anticoagulant, complete an adjacent column for the additional drugs (e.g. Pt 1 also in column 2). Use additional copies of this form as needed.

To submit completed form via email and/or ask questions, contact: Amanda Ryan  
[amanda.ryan@area-G.hcqis.org](mailto:amanda.ryan@area-G.hcqis.org), 615-574-7244)

	Pt ____ Y/N/NA	Pt ____ Y/N/NA	Pt ____ Y/N/NA	Pt ____ Y/N/NA	Pt ____ Y/N/NA
<b>Patient discharged or transferred TO or FROM our facility (circle one)</b>	TO FROM	TO FROM	TO FROM	TO FROM	TO FROM
<b>Name of anticoagulant drug *</b>					
Was the primary indication for use of the anticoagulant clearly documented?					
Was the assessment of fall risk clearly documented?					
Did documentation indicate whether the patient was new** to anticoagulation therapy or a previous user?					
<ul style="list-style-type: none"> <li>If new, was start date of anticoagulation therapy provided?</li> </ul>					
Did documentation indicate whether treatment is intended to be acute (short term) or chronic (long term)?					

<ul style="list-style-type: none"> <li>▪ If acute, was total duration of therapy provided (was there a stop/end date)?</li> </ul>					
Was date, time and strength of last dose given documented? (all must be present for Yes)					
Was date, time and strength of next dose due provided? (all must be present for Yes)					
Was the most recent ** serum creatinine or creatinine clearance provided (date and results)?					
Was the patient provided with educational material?					
Was an assessment of patient/caregiver understanding of the education documented?					
Was documentation of patient/caregiver education and understanding communicated to the next provider setting?					
Was the patient referred to an anticoagulation management service (e.g. Coumadin/warfarin clinic)?					
Was contact information provided for the anticoagulant management prescriber?					
Complete remainder for Coumadin (warfarin) patients only					
<ul style="list-style-type: none"> <li>▪ Was the target INR or INR range documented?</li> </ul>					
<ul style="list-style-type: none"> <li>▪ Were the last two INR lab results provided (with dates and results)?</li> </ul>					
<ul style="list-style-type: none"> <li>▪ Was the date provided for when the next INR was due?</li> </ul>					

\* Anticoagulants: Arixtra (fondaparinux), Coumadin (warfarin), Eliquis (apixaban), Fragmin (dalteparin), Heparin, Lovenox (enoxaparin), Pradaxa, (dabigatran), Savaysa (edoxaban), Xarelto (rivaroxaban)

\*\* within the previous 30 days