

## Overview: NPSG 3.05.01

**NPSG.03.05.01:** Reduce the likelihood of patient harm associated with the use of **anticoagulant therapy**. Note: This requirement applies only to hospitals that provide anticoagulant therapy and/or long-term anticoagulation prophylaxis (for example, atrial fibrillation) where the clinical expectation is that the patient's laboratory values for coagulation will remain outside normal values. This requirement does not apply to routine situations in which short-term prophylactic anticoagulation is used for venous thrombo-embolism prevention (for example, related to procedures or hospitalization) and the clinical expectation is that the patient's laboratory values for coagulation will remain within, or close to, normal values.

### Why this standard is important to patient safety

Anticoagulation medications are more likely than others to cause harm due to complex dosing, insufficient monitoring, and inconsistent patient compliance. Effective patient education about the risks, the precautions and the need for monitoring *and* the use of standardized practices can reduce the risks associated with unfractionated heparin, low molecular weight heparin, and warfarin.

### Elements of Performance

1. Use only oral unit-dose products, prefilled syringes, or premixed infusion bags when these types of products are available.  
Note: For pediatric patients, prefilled syringe products should be used only if specifically designed for children.
2. Use approved protocols for the initiation and maintenance of anticoagulant therapy.
3. Before starting a patient on warfarin, assess the patient's baseline coagulation status; for all patients receiving warfarin therapy, use a current International Normalized Ratio (INR) to adjust this therapy. The baseline status and current INR are documented in the medical record.  
Note: The patient's baseline coagulation status can be assessed in a number of ways, including through a laboratory test or by identifying risk factors such as age, weight, bleeding tendency, and genetic factors.
4. Use authoritative resources to manage potential food and drug interactions for patients receiving warfarin.
5. When heparin is administered intravenously and continuously, use programmable pumps in order to provide consistent and accurate dosing.
6. A written policy addresses baseline and ongoing laboratory tests that are required for anticoagulants.
7. Provide education regarding anticoagulant therapy to prescribers, staff, patients, and families. Patient/family education includes the following:
  - The importance of follow-up monitoring
  - Compliance
  - Drug-food interactions
  - The potential for adverse drug reactions and interactions
8. Evaluate anticoagulation safety practices, take action to improve practices, and measure the effectiveness of those actions in a time frame determined by the organization.