

## Anticoagulation Clinic & Patient Agreement

### Agreement for the Use of a Coaguchek INRange Machine for Self-Testing INR

This is an agreement for self-testing between the Oxford University Hospitals NHS Trust and the patient named below.

#### Patient Details

Name: \_\_\_\_\_

NHS Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

#### GP Details

GP Name: \_\_\_\_\_

GP Practice: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indication of Anticoagulation	
Target INR Range	
Type of Anticoagulant	
Start Date of Anticoagulation	
Start Date of Self-testing	

#### Patient Anticoagulation History

**If self-testing the patient is responsible for testing his/her INR. The patient is not responsible for dosing. The dosing remains the responsibility of the Anticoagulation Clinic.**

## Patient Training Record

The training session is being carried out to ensure the correct use of the Coaguchek INRange monitoring device. Please tick boxes to confirm the following information has been given and sign to confirm this:

Criteria	<input checked="" type="checkbox"/> ✓
<b>Meter Setup</b>	
Batteries	<input type="checkbox"/>
Display Check	<input type="checkbox"/>
Date Format	<input type="checkbox"/>
Date Setting	<input type="checkbox"/>
Time Format	<input type="checkbox"/>
Time Setting	<input type="checkbox"/>
Set Test Measurement	<input type="checkbox"/>
Beep Tone	<input type="checkbox"/>
Therapeutic Range	<input type="checkbox"/>
<b>Coaguchek XS Test Strips</b>	
Storage Conditions	<input type="checkbox"/>
Handling Test Strip	<input type="checkbox"/>
Calibration Code Chip	<input type="checkbox"/>
Changing Code Chip	<input type="checkbox"/>
Onboard Quality	<input type="checkbox"/>
Sample Dosing Area	<input type="checkbox"/>

Criteria	<input checked="" type="checkbox"/> ✓
<b>Performing a Test</b>	
Switch meter on	<input type="checkbox"/>
Checking screen	<input type="checkbox"/>
Insertion of Test Strip	<input type="checkbox"/>
Confirm chip code	<input type="checkbox"/>
Observe Strip warming	<input type="checkbox"/>
<b>Operation of Softclix Device</b>	
Insertion of lancet	<input type="checkbox"/>
Priming device	<input type="checkbox"/>
Depth setting	<input type="checkbox"/>
Firing lancet	<input type="checkbox"/>
Ejecting lancet	<input type="checkbox"/>

Criteria	<input checked="" type="checkbox"/> ✓
<b>Obtaining a Fingerprick</b>	
Hand Washing	<input type="checkbox"/>
Sites for taking a sample	<input type="checkbox"/>
Time Limits	<input type="checkbox"/>
Sampling problems	<input type="checkbox"/>
<b>Recording results</b>	
Retrieving saved results	<input type="checkbox"/>
<b>Maintenance</b>	
Cleaning meter	<input type="checkbox"/>
Common error codes	<input type="checkbox"/>
Technical support	<input type="checkbox"/>
<b>Roche Coaguchek Patient Careline</b>	
<b>0808 100 7666</b>	

I confirm that I have received the information detailed above from the above named trainer/s. I confirm that I should still read the user manual accompanying my Coaguchek INRange device in conjunction with this training. If I require further technical information I will ring the technical support helpline, or refer back to the Oxford Anticoagulation Team.

**Date:** \_\_\_\_\_

**Patient's signature:** \_\_\_\_\_

**Trainer's signature:** \_\_\_\_\_

## **Patient Responsibilities**

- I have been trained in the use of the Coaguchek INRange machine .To ensure my own safety I agree to work in partnership with Oxford University Hospitals NHS Trust Anticoagulation Clinic.
- I will perform INR tests at mutually agreed intervals and will inform the anticoagulation clinic of the results via telephone or email before 3 pm on the day of testing. I understand that I will be required to test every week for a period of at least three weeks after signing this agreement.
- I will be contactable on the day of my blood test.
- I will repeat any test if my INR is less than 1.5 and also if it is 4.5 or more.
- If my INR is greater than 8.0 or un-recordable I will inform anticoagulation service immediately. I will attend, on the same day, the Anticoagulation Clinic or my GP for a venous sample.
- I will act on the advice given by anticoagulation nurses with regard to dosages and test interval. Please note that if you fail to provide INR results when requested and not responded to the reminder letters, then you will no longer be managed by this service and your GP will be informed.
- I understand that it is my responsibility to order supplies of test strips and lancets from the manufacturer or obtain them under prescription, as appropriate.
- I will dispose of used lancets, other sharps and contaminated waste in the sharps box provided.
- I will inform the anticoagulation nurses if starting new medications/changes in current medications, missed doses, recent hospital admissions or planned procedures.
- I will report to the anticoagulation clinic or my GP any excessive bruising or blood loss and be able to provide them with an up-to-date INR.
- I will inform the anticoagulation clinic if I intend to travel abroad and self-test.
- I will attend the anticoagulation clinic for follow up appointments every 6 months or sooner if the anticoagulation clinic requests it. At all appointments I will bring my Coaguchek INRange machine and tests strips currently in use, for a comparative blood sample. Please note : If you fail to attend two consecutive appointments, we cannot verify the accuracy of your coaguchek INR readings. We will thus advise you to resume having venous INR tests until you attend the coaguchek review appointment.
- I will inform the anticoagulation clinic if I decide to stop self-testing or move house to a different area so that arrangements can be made for alternative management of my treatment.

**I have read and understand the self-testing agreement outlined above and agree to abide by the terms set out by the Anticoagulation Clinic. I understand that if I fail to comply with the above the Anticoagulation clinic cannot support me with self-testing.**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Anticoagulation Clinic Responsibilities

- The Anticoagulation Clinic agrees to support the patient named on page 1 of this document with his/her self-testing provided that the conditions listed above are met.
- The Anticoagulation Nurses will be available during the stated office hours for help and advice.
- After the patient has contacted the Anticoagulation Clinic with the result, advice on dosing will be given on the same day (providing results are called/mailed in before 3pm). The patient will only be contacted by telephone if they are required to retest within the next seven days. This advice will also be confirmed with a single sheet therapy record which will be sent by first class post within 24 hours, unless dosing is provided by email.
- The Anticoagulation Clinic will provide an external quality control by comparative testing of patient's capillary blood INR by the patient's own Coaguchek INRange and the Anticoagulation Clinic method (venous testing and Coaguchek Pro II). Patients will be sent an appointment for review every six months.
- In the event that conditions are not met the Anticoagulation Clinic will offer the normal clinic service without any regard for self-testing.
- The Anticoagulation clinic will inform the patient's General Practitioner of his/her intentions to start self-testing, stop testing or of any failure to comply with this agreement.
- If the INR result is confirmed as being >8 the Anticoagulation Clinic will supply Vitamin K, as per clinic protocol.
- The patient has been supplied with an Airline letter.

**The patient detailed has received the appropriate training and a copy of the agreement for self-testing their INR using Coaguchek INRange machine. The patient agrees to abide by this agreement.**

**Signed on behalf of the Anticoagulation Clinic:**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Contact Telephone Numbers for Anticoagulation Clinic

**Nuffield Orthopaedic Centre Anticoagulation clinic (Mon-Fri 9am-5pm) 01865 857555/857556 Bleep number (via switchboard) 1857 Main Switchboard 01865 741841**

**Horton Hospital Anticoagulation clinic 01295 229224 (Tues/Wed/Thurs 9am -5pm )**

**Email Address** ac.services@ouh.nhs.uk

Patient Addressograph

Date

1<sup>st</sup> training session

**CoaguChek INRange INR**

**Coaguchek XS Plus/PRO INR**

**Venous INR**

**Comments**

Date

2<sup>nd</sup> training session

**CoaguChek INRange INR**

**Coaguchek XS Plus/PRO INR**

**Venous INR**

**Comments**

Date

3<sup>rd</sup> training session

**CoaguChek INRange INR**

**Coaguchek XS Plus/PRO INR**

**Venous INR**

**Comments**

**6 month review date**

## Coaguchek INRange Record of Six Monthly Reviews