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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Practice Name |  | | | | | | | Note: This sheet is not for entering data on your computer, it is only for printing and completing by hand. Once you have done this, enter your data on the appropriate data collection form. | | | | | | |
|  |  | Please circle response as appropriate | | | | | | | | | | | | |
| Review Month | Patient | Is there evidence that the last advice on Warfarin dosing given to patient followed current local guidelines or used computer assisted decision making | | Is the target INR and duration of treatment clearly documented in the notes | | Since the last blood test, has the patient been taking the correct dose as ordered by the treating GP? | | | Has the INR been taken within 7 days of the planned date? | | Is it recorded that the patient has received education about warfarin in the last 12 months? | | Comments | |
|  | 1 | Y | N | Y | N | Y | N | | Y | N | Y | N |  |
| 2 | Y | N | Y | N | Y | N | | Y | N | Y | N |
| 3 | Y | N | Y | N | Y | N | | Y | N | Y | N |
| 4 | Y | N | Y | N | Y | N | | Y | N | Y | N |
| 5 | Y | N | Y | N | Y | N | | Y | N | Y | N |
| 6 | Y | N | Y | N | Y | N | | Y | N | Y | N |
| 7 | Y | N | Y | N | Y | N | | Y | N | Y | N |
| 8 | Y | N | Y | N | Y | N | | Y | N | Y | N |
| 9 | Y | N | Y | N | Y | N | | Y | N | Y | N |
| 10 | Y | N | Y | N | Y | N | | Y | N | Y | N |