# Anticoagulant checklist

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| --- | --- |
| Patient NHI/Name | Date |

**Process measures**

1. Is there documented evidence there was a discussion about how to use the medicine?

 Yes □ No □

2. Is there documented evidence there was a discussion about what to do if they miss a dose?

 Yes □ No □

3. Is there documented evidence there was a discussion about possible side effects?

 Yes □ No □

4. Is there documented evidence there was a discussion about interactions with other medicines, supplements, food and alcohol?

 Yes □ No □

5. Is there documented evidence the patient was offered written information about their medicine?

 Yes □ No □

**Patient outcome measures**

6. Was the patient able to correctly describe (dose/frequency) how to take their medicine?

 Yes □ No □ N/A □

7. Was the patient able to identify a possible side effect of their medicine?

 Yes □ No □ N/A □