

# Patient Education Checklist for Warfarin Therapy

## Introduction

### Purpose

This Checklist is designed to assess patients' educational needs, identify potential learning or retention barriers, and track patients' knowledge about the safe use of Coumadin®/warfarin. Patients are asked to "teach back" the information they have learned earlier so that the clinician can determine what patients know, identify gaps in their knowledge, gently correct inaccurate information and reinforce correct answers.

### Instructions

1. Under date of visit, mark if it is the patient's first visit and if a Significant Other (S.O.) is present. On the first visit, the clinician will explain all important information to the patient, using educational materials as learning aids.
2. Except for the first visit, and depending on time available, ask the patient to answer 4 to 5 questions at each visit, reinforcing the correct answer. If possible, cover all 17 questions in 3 to 4 visits. After all questions have been covered, repeat this process, as needed.
3. For consistency, ask each question using the words in blue. The patient should be able to state the information in black. Help the patient to answer the question if needed, avoiding criticism or fault-finding. Use the opportunity to re-teach or clarify the information for the patient. Reinforce correct answers.
4. Rate each of the patient's answers by assigning a score based on their level of understanding. (1= Understands, 2= Needs reinforcement; 3= Unsuccessful; does not Understand.)
5. Continue to ask questions and report results on the form for at least 6 patient visits, even if the patient knows the answers. Use clinical judgment to decide whether to continue this process after 6 visits. (If needed, print additional copies of questions.) Remind the patient how important it is to know the information.

## Patient Education Checklist for Warfarin Therapy\*

Educational Assessment	
Date of assessment _____	
Readiness/motivation to learn	___ High (Very Receptive) ___ Medium (Receptive) ___ Low (Unreceptive)
Ability to learn	___ Adequate (no cognitive impairment) ___ Low (cognitive impairment)
Existing knowledge	___ Extensive ___ Some, but limited ___ Little or None
How does the patient like to learn?	___ By listening ___ By reading ___ By seeing ___ By practicing
POTENTIAL BARRIERS	
Vision	___ Adequate ___ Poor ___ Needs correction (glasses or contacts)
Hearing	___ Adequate ___ Poor ___ Uses hearing aids
Primary language	___ English ___ Spanish ___ Other/specify: _____
Literacy/ability to understand written material	___ Very High ___ Adequate ___ Limited ___ Very low
Willingness to follow treatment	___ High ___ Moderate ___ Low ___ Uncertain
Treatment adherence history:	___ Good / Adequate ___ Poor
Notes:	

<i><b>“Teach Back” technique &amp; resources provided to patient</b></i>	<i><b>Check if used</b></i>	<i><b>This item's effectiveness** for this patient (check box)</b></i>				<i><b>Notes</b></i>
		Very High	High	Low	Very low	
1. Teach back technique						
2. Medicine List						
3. 7 day x 4 times/day pill box						
4. Plastic medicines carrier						
5. Warfarin Question/Answer Sheet						
6. INR Chart (copy for home & clinic)						
7. Patient Contract:						
8. Your Guide to warfarin therapy (Eng/Span)						

\*\* High effectiveness= this tool was appropriate, helpful, and well utilized by the patient.  
 Low effectiveness = this tool was poorly suited, not helpful and not well utilized by patient.

\*This checklist is adapted from *Managing Oral Anticoagulation Therapy: Clinical and Operational Guidelines, 2<sup>nd</sup> Edition*, p.10:23-25 (Ansell, Oertel & Wittkowsky, 2005)

Clinician initials: \_\_\_\_\_

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

## Patient Education Checklist

Ask the patient to answer (“teach back”) from 4 to 5 questions at each visit, based on your clinical judgment. If this is the patient’s first visit to the clinic, add a ① below the date of instruction. If Significant Other is present, add “SO” below the date of instruction. Try to cover all 17 questions in 4 visits; then repeat as appropriate.

Assign a score from below for each question answered by the patient under the date of instruction:

1 = Patient understands      2 = Needs reinforcement      3 = Unsuccessful      N/A = Not applicable

<i>Date of Instruction: First visit or SO present:</i>						
Question for Patient / Expected Behavioral Outcome	Score:					
1. Tell me why you are taking warfarin. State reason for taking warfarin						
2. Tell me what warfarin does to your blood. State how warfarin affects their blood						
3. Tell me how you take your medicine. What is the dose? Pill color? How and when do you take it? State the dose, pill color, how and when to be taken						
4. Show me how you use your pill box. Describe how to use the seven-day pillbox.						
5. Tell me what to do if you take more pills than you should. And what do you do if you miss a dose? State what to do if they overdose or miss a dose						
6. What is your INR goal? Can you plot your number today on the INR chart? State INR goal number and plot number in their INR chart						
7. Tell me 3 signs of major bleeding. What do you do if you have major bleeding? What do you do about minor bleeding? Identify three signs of major bleeding. Distinguish between major & minor bleeding						
8. What should you do if you get sick or injured? Recognize need to seek medical attention when illness or injury occurs; know phone numbers of clinic, hospital						
9. What activities should you avoid? How can you protect yourself from getting injured outdoors? Indoors? State need to avoid activities with high risk of injury. State precautions to take to prevent injury indoors & outdoors						

Assign a score from below for each question answered by the patient under the date of instruction:

1 = Patient understands      2 = Needs reinforcement      3 = Unsuccessful      N/A = Not applicable

<i>Date of Instruction: First visit or SO present:</i>						
<p><b>10. Let's talk about your diet. Tell me what could happen if you change your eating habits. Why is it important to know what foods contain a high amount of Vitamin K? What are 3 of these foods?</b></p> <p><b>State importance of stable diet; limitations on vitamin K; name three foods high in vitamin K</b></p>						
<p>11. Tell me what you need to do about drinking alcohol when you are taking warfarin. Tell how alcohol intake should be restricted</p>						
<p>12. What are 2 pain medicines [2 stomach medicines] that you should avoid because they can increase your risk of bleeding while you are taking warfarin. State 2 pain relievers, 2 stomach remedies, or 2 supplements that can increase risk of bleeding</p>						
<p>13. Can you tell me, why is it important to always check with the clinic or your doctor before you take non-prescription medicines and supplements? State that warfarin interacts with many other drugs and danger of taking OTC medicines &amp; supplements without doctor/clinic approval.</p>						
<p>14. Tell me why you must carry a medic-alert with you at all times. State need to use Medic-Alert card and agree to use one.</p>						
<p>15. Do you have your medicine list with you? Is it up to date? Complete a medication record form and carry it at all times.</p>						
<p>16. Why do you need to tell all your doctors or nurses that you are taking warfarin? State need to inform all providers that they are taking warfarin</p>						
<p>17. Why do you need to follow the instructions for taking warfarin carefully? Why is it important to keep your appointment for your INR test? When is your next appt.? State why they need to comply with dose and INR checks. Know next appt. date</p>						