

APPENDIX: DATA COLLECTION FORM

Clinic Name _____

Date of Assessment __ / __ / __

Clinic Service Provision

Level of service provision

Primary

Secondary

Tertiary

Cadre of clinician providing care

Specialist

Nurse

Medical officer

Clinical officer

Information provided to patient

Counselling

Information sheets

Other _____

Number of clinics per week _____

Number of patients seen in past 4 weeks _____

Is point of care INR testing provided

Y

N

Average waiting time for INR results

Same day

1 day

2 days

Other _____

Is there a fee to attend clinic

Y

N

If Y, specify _____

Does the patient pay for INR testing

Y

N

If Y, specify _____

Describe the follow-up schedule: Weekly Monthly 3-monthly 6-monthly Other _____

What is the response to out of range INR?

Increase clinic frequency

Counselling

Dose adjustment

Other _____

How are defaulters managed? _____

Drug prescribing and availability

What is the relationship with the pharmacy? On-site, part of clinic On site, near the clinic
Separate

Are standard guidelines for the initiation of warfarin available? Y N If Y, specify _____

What is the target INR range for patients with: AF _____ DVT _____ PE _____ Heart Valve Disorders _____

What is the standard warfarin loading regimen, and is this same for all indications of anticoagulation?

Do any individual patient factors alter the loading dose? Y N
If Y, which: Age Weight Comorbidities Concomitant meds

Is warfarin dispensed to patients at the same facility? Y N

Are the following alternatives available? Dabigatran Rivaroxaban Apixaban Other _____

Do patients pay for medication? Y N If Y, specify _____

Is aspirin substituted or provided instead of warfarin? E.g for AF Y N

Is heparin used for the initial treatment of PE/DVT? Y N

Guidance available for warfarin-dose adjustment

Is there an SOP/protocol/protocols for INR-guided dose adjustment of warfarin? Y N

If Y, specify which _____ Is it referenced? Is it validated for local population?

When dosing is adjusted what is the average frequency of subsequent INR checks? _____

In the event of a high INR how soon is an INR repeated? _____

Would vitamin K be administered to participants with an INR over 8? Y N

Folder and electronic record review

Age ____ years Sex M F

Indication for anticoagulation VHD AF DVT PE Other (specify) _____

INR target 2-3 2.5-3.5 3-4 Other (specify) _____

Comorbidities: TB HIV RHD Others (specify) _____

Date of warfarin initiation __/__/__

Concomitant medication

Drug	Dose	Date of initiation	Indication
_____	_____	__/__/__	_____
_____	_____	__/__/__	_____
_____	_____	__/__/__	_____

Number of clinic visits over last 6 months 1 2 3 4 5 6 Other _____

INR results over last 6 months:

INR	Date	INR	Date	INR	Date
_____	__/__/__	_____	__/__/__	_____	__/__/__
_____	__/__/__	_____	__/__/__	_____	__/__/__
_____	__/__/__	_____	__/__/__	_____	__/__/__