

Appendix 1

CASE REPORT FORM

Impact of pharmacist-conducted anticoagulation patient education and telephone follow-up on transitions of care: a randomized controlled trial

Patient Initials

Subject No.

FOLLOW-UP TELEPHONE CONTACT

40

Contacts	
Name of Contact 1:	_____
Relationship:	_____
Caregiver? (Y/N)	_____
Proxy? (Y/N)	_____
Designated to receive followup phone call? (Y/N)	_____
Notes:	_____ _____
Preferred Spoken Language	

Interpreter needed? (Y/N)	
Preferred phone number: ___ home ___ cell phone ___ work	
Home Phone: (____) _____	OK to leave message? (Y/N) _____
Best time to call: _____	
Cell Phone: (____) _____	OK to leave message? (Y/N) _____
Best time to call: _____	
Work Phone: (____) _____	OK to leave message? (Y/N) _____
Best time to call: _____	

PART I: Patient Demographics						
Patient Identification Number (MRN)	Year of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Smoker <input type="checkbox"/> NO <input type="checkbox"/> YES	Weight (Kg): _____ Height (cm): _____ BMI (Kg/ m ²): _____	Insurance type <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> None	
Allergies <input type="checkbox"/> NO <input type="checkbox"/> YES _____		Date of Admission: dd/mm/yr	Chief complaint	Admission Diagnosis	Date of Discharge: dd/mm/yr _____	Hospital LOS(d): _____
Inclusion Criteria: <input type="checkbox"/> Age > 18 years, discharged on any therapeutic anticoagulant including vitamin K antiagonists, non-vitamin K antagonist oral anticoagulants (apixaban, rivaroxaban, dabigatran), or parenteral anticoagulant for reasons other than venous thromboembolism prophylaxis. <input type="checkbox"/> Discharge anticoagulation counseling documented on patient and family education form in the medical record <input type="checkbox"/> For whom communication via telephone calls was possible for follow up. Patients who had recently undergone surgery were also included if they were on therapeutic anticoagulation for a non-surgical indication.				Exclusion Criteria: <input type="checkbox"/> Patients discharged on anticoagulants for thromboembolism prophylaxis <input type="checkbox"/> Orthopedic thromboprophylaxis <input type="checkbox"/> Prescribed treatment duration less than 1 month		
Indication for Anticoagulant <input type="checkbox"/> Atrial Fibrillation <input type="checkbox"/> VTE treatment <input type="checkbox"/> Other _____		Antiplatelet use on admission <input type="checkbox"/> NO <input type="checkbox"/> YES Specify antiplatelet therapy <input type="checkbox"/> aspirin 80-100mg <input type="checkbox"/> aspirin > 162-325mg <input type="checkbox"/> clopidogrel 75mg <input type="checkbox"/> prasugrel 10mg <input type="checkbox"/> ticagrelor 90mg <input type="checkbox"/> dual antiplatelet		Anticoagulant prescribed on discharge <input type="checkbox"/> Acenocoumarol (sintrom) <input type="checkbox"/> Enoxaparin <input type="checkbox"/> Tinzaparin <input type="checkbox"/> Fondaparinux <input type="checkbox"/> Apixaban <input type="checkbox"/> Rivaroxaban <input type="checkbox"/> Dabigatran <input type="checkbox"/> Fluindinedione <input type="checkbox"/> Hydroxycoumarol (warfarin) <input type="checkbox"/> Other _____ Anticoagulant Dose _____ (mg or units) Frequency <input type="checkbox"/> Once daily <input type="checkbox"/> Bid <input type="checkbox"/> Q 48 hours <input type="checkbox"/> Other _____		
Prescribing Service <input type="checkbox"/> Cardiology <input type="checkbox"/> Family Medicine <input type="checkbox"/> Haematology/Oncology <input type="checkbox"/> Infectious Diseases <input type="checkbox"/> Internal Medicine		<input type="checkbox"/> Neurology <input type="checkbox"/> Orthopaedic Surgery <input type="checkbox"/> Plastic Surgery <input type="checkbox"/> Pulmonary <input type="checkbox"/> Vascular Surgery <input type="checkbox"/> Other _____		Creatinine clearance closest to the date that the discharge anticoagulant was prescribed _____ ml/min		

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PART II Medical History

PART II.i Bleeding Risk in Anticoagulated Patients with Atrial Fibrillation based on the HAS-BLED RISK SCORE: TOTAL SCORE _____
(In the final score, only add up the major points)

1 point/ risk factor

<input type="checkbox"/> Hypertension <input type="checkbox"/> Abnormal renal function <input type="checkbox"/> (chronic dialysis <input type="checkbox"/> renal transplant <input type="checkbox"/> serum creatinine \geq 2.3 mg/dL (200 μ mol/L) <input type="checkbox"/> Abnormal liver function <input type="checkbox"/> (cirrhosis <input type="checkbox"/> bilirubin > 2x UNL with AST/ALT/AP > 3x UNL) <input type="checkbox"/> Stroke	<input type="checkbox"/> Bleeding history <input type="checkbox"/> or predisposition (anemia) <input type="checkbox"/> Labile INR (Therapeutic time in range < 60%) <input type="checkbox"/> Elderly (greater than 65 years old) <input type="checkbox"/> Drugs <input type="checkbox"/> (other antiplatelet agents <input type="checkbox"/> or NSAIDs) <input type="checkbox"/> Alcohol (more than 8 drinks per week)
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<p>Medical Conditions:</p> <input type="checkbox"/> HTN <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> CHF <input type="checkbox"/> Asthma <input type="checkbox"/> COPD <input type="checkbox"/> GERD <input type="checkbox"/> DVT <input type="checkbox"/> Arthritis <input type="checkbox"/> Seizure <input type="checkbox"/> CKD <input type="checkbox"/> Depression <input type="checkbox"/> Constipation <input type="checkbox"/> Insomnia <input type="checkbox"/> Parkinson <input type="checkbox"/> Alzheimer <input type="checkbox"/> Cancer <input type="checkbox"/> DM <input type="checkbox"/> History of bleeding <input type="checkbox"/> Other _____ <input type="checkbox"/> Age > 65 years <input type="checkbox"/> history of gastrointestinal bleeding <input type="checkbox"/> history of stroke, and at least one of the following variables: myocardial infarction, hematocrit < 30%, creatinine > 1.5 mg/dL, and diabetes. <input type="checkbox"/> prior bleeding	<input type="checkbox"/> anemia <input type="checkbox"/> genetic factors (CYP2C9 polymorphism) <input type="checkbox"/> an excessive risk of falls <input type="checkbox"/> Recent surgery on critical organ (brain; eye) <input type="checkbox"/> Thrombocytopenia (e.g. chemotherapy)	<input type="checkbox"/> HAS-BLED \geq 3 <input type="checkbox"/> \geq 65 years <input type="checkbox"/> \geq 75 years <input type="checkbox"/> \geq 80 years <input type="checkbox"/> Weight < 60 (Kg) <input type="checkbox"/> reduced platelet count or function <input type="checkbox"/> hypertension (uncontrolled)
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<p>Age Related <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>Cognitive <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>Cultural <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>Emotional <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>Hearing <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>Language <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>Reading <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>Religious <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>Visual <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>No Barrier <input type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p>How much time did the pharmacist allocate to counseling the patient? _____</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>Appropriate and accurate prescriptions given to patient prior to discharge <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>Inpatient dosing history, discharge instructions and discharge summary sent to receiving provider in time to allow for receiving provider to effectively care for the patient <input type="checkbox"/> NO <input type="checkbox"/> YES</p>
<p>PART IV: Discharge medications and concomitant medications on the discharge instructions sheet or the Unified Prescription:</p>		<p><u>LIST THE DISCHARGE MEDICATIONS (Available from Medications on discharge instructions sheet or the Unified Drug Prescription:</u></p>
<p>Medications possibly affecting Anticoagulant dose:</p> <p><input type="checkbox"/> Concomitant use of P-gp inhibitor</p> <p><input type="checkbox"/> Strong CYP3A4 inhibitor</p> <p><input type="checkbox"/> Verapamil containing medicines</p> <p><input type="checkbox"/> Diltiazem</p> <p><input type="checkbox"/> Quinidine</p> <p><input type="checkbox"/> Amiodarone</p> <p><input type="checkbox"/> Dronedarone</p> <p><input type="checkbox"/> Clarithromycin</p> <p><input type="checkbox"/> Erythromycin</p> <p><input type="checkbox"/> Carbamazepine</p> <p><input type="checkbox"/> Phenobarbital</p> <p><input type="checkbox"/> Phenytoin</p> <p><input type="checkbox"/> St John's wort</p> <p><input type="checkbox"/> HIV protease inhibitors (e.g. ritonavir)</p> <p><input type="checkbox"/> Rifampicin</p> <p><input type="checkbox"/> Cyclosporin</p> <p><input type="checkbox"/> Tacrolimus</p> <p><input type="checkbox"/> Itraconazole</p> <p><input type="checkbox"/> Ketoconazole</p> <p><input type="checkbox"/> Posaconazole</p> <p><input type="checkbox"/> Voriconazole</p> <p><input type="checkbox"/> Fluconazole</p> <p><input type="checkbox"/> Naproxen</p> <p>Antiplatelet use on discharge</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>Specify antiplatelet therapy</p>	<p><u>Medications possibly interacting with Vitamin K antagonist</u></p> <p><input type="checkbox"/> Ciprofloxacin</p> <p><input type="checkbox"/> Amiodarone</p> <p><input type="checkbox"/> Phenylbutazone</p> <p><input type="checkbox"/> Alcohol (if concomitant liver disease)</p> <p><input type="checkbox"/> Cimetidine</p> <p><input type="checkbox"/> Boldo-fenugreek</p> <p><input type="checkbox"/> Anabolic steroids</p> <p><input type="checkbox"/> Cotrimoxazole</p> <p><input type="checkbox"/> Clofibrate</p> <p><input type="checkbox"/> Piroxicam</p> <p><input type="checkbox"/> Fish oil</p> <p><input type="checkbox"/> Quilnggao</p> <p><input type="checkbox"/> Zileuton</p> <p><input type="checkbox"/> Erythromycin</p> <p><input type="checkbox"/> Diltiazem</p> <p><input type="checkbox"/> Citalopram</p> <p><input type="checkbox"/> Mango</p> <p><input type="checkbox"/> Entacapone</p> <p><input type="checkbox"/> Omeprazole</p> <p><input type="checkbox"/> Fluconazole</p> <p><input type="checkbox"/> Fenofi brate</p> <p><input type="checkbox"/> Sertraline</p> <p><input type="checkbox"/> Isoniazid</p> <p><input type="checkbox"/> Propafenone</p> <p><input type="checkbox"/> Metronidazole</p> <p><input type="checkbox"/> Propranolol</p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p> <p>11. _____</p> <p>12. _____</p> <p>13. _____</p> <p>14. _____</p>

