

## Competency Evaluation Tool for 'Individual-Specific' Warfarin Sodium (Coumadin) Therapy

<b>Name of Individual:</b>	
<b>Individual-Specific Warfarin Sodium (Coumadin) Training Guidelines</b>	
<i>The 'Individual-Specific' Training must be completed by a Qualified Trainer</i>	
<b>Training Components and Procedure</b>	<b>Comments</b>
<b>At the conclusion of this training, the Certified staff:</b>	
1.	Knows where to find and reviews the individual's Health Care Provider (HCP) Orders specific to Warfarin sodium and individual's Warfarin sodium Protocol.
2.	Knows to follow the individual's Warfarin sodium Protocol and any specific instructions ordered by the HCP (authorized prescriber).
3.	Knows the specific medical condition or diagnosis that is the indication for Warfarin sodium.
4.	Knows the individual's INR target range (goal).
5.	Knows how and where the individual's PT/INR lab work is obtained (e.g., laboratory name/address, HCP office, VNA, etc.).
6.	Knows if the PT/INR testing is being managed for the individual at the MAP Registered site, it is not to be done by Certified staff.
7.	Knows how the individual's INR lab results are reported to the HCP.
8.	Knows where to locate the individual's HCP contact information.
9.	Knows the procedure to follow for obtaining Warfarin sodium HCP Orders, HCP Telephone Orders, as well as, HCP Telehealth Orders.
10.	Knows how the individual's new, signed HCP Orders for changes in Warfarin sodium dosages are received by the MAP Registered site.
11.	Knows how the pharmacy is notified of Warfarin sodium dose changes for the individual.
12.	Knows where to locate the pharmacy's contact information.
13.	Knows how the MAP Registered site obtains the Warfarin sodium medication from the pharmacy.
14.	Knows how Warfarin sodium changes are communicated to all staff (e.g., medication progress note, narrative note, flow sheet, etc.).
15.	Knows the individual's possible adverse effects of Warfarin sodium Therapy.
16.	Knows the individual's specific diet plan and knows it is important for the individual to eat a consistent, balanced diet while being treated with Warfarin sodium.
17.	Knows the MAP Registered site's Warfarin Sodium Ordering and Receiving System.
18.	Knows the individual-specific Warfarin sodium tracking system.
19.	Knows if a single dose of Warfarin sodium is missed/omitted, the MAP Consultant must be notified.
20.	Knows when a telephone call to the individual's HCP is necessary.
21.	Knows when a telephone call to 911 and/or Poison Control is necessary.
22.	Knows that after the Emergency Response personnel arrive and the individual is cared for, to notify appropriate persons, and to follow all emergency procedures per the Service Provider's Policy.
<b>This form may be used for multiple Certified staff.</b>	

REQUIRED

<b>1. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer Warfarin sodium to the <u>identified individual</u>.</b>	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____
<b>2. Based on this guideline used for training, I, as Trainer, have determined that the Certified Staff named below has the knowledge to administer Warfarin sodium to the <u>identified individual</u>.</b>	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____
<b>3. Based on this guideline used for training, I, as Trainer, have determined that the Certified Staff named below has the knowledge to administer Warfarin sodium to the <u>identified individual</u>.</b>	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____
<b>4. Based on this guideline used for training, I, as Trainer, have determined that the Certified Staff named below has the knowledge to administer Warfarin sodium to the <u>identified individual</u>.</b>	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____
<b>5. Based on this guideline used for training, I, as Trainer, have determined that the Certified Staff named below has the knowledge to administer Warfarin sodium to the <u>identified individual</u>.</b>	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____
<b>6. Based on this guideline used for training, I, as Trainer, have determined that the Certified Staff named below has the knowledge to administer Warfarin sodium to the <u>identified individual</u>.</b>	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____
<b>7. Based on this guideline used for training, I, as Trainer, have determined that the Certified Staff named below has the knowledge to administer Warfarin sodium to the <u>identified individual</u>.</b>	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____