Competency Evaluation Tool for ‘Individual-Specific’ Warfarin Sodium (Coumadin) Therapy

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|  | Name of Individual: | | | |
|  | **Individual-Specific Warfarin Sodium (Coumadin) Training Guidelines** | | | |
|  | *The ‘Individual-Specific’ Training must be completed by a Qualified Trainer* | | | |
|  | **Training Components and Procedure** | | | **Comments** |
|  | **At the conclusion of this training, the Certified staff:** | | |  |
|  | 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. | |  |
|  | **This form may be used for multiple Certified staff.** | | | |
| **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 **identified individual**. | | | | |
| Certified Staff’s Printed  Name: | | | Trainer’s Printed Name: | |
| Certified Staff’s Signature: | | | Trainer’s Signature: | |
|  |  | Date: | Trainer’s Contact  Information: | |
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| **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 **identified individual**. | |
| Certified Staff’s Printed  Name: | Trainer’s Printed Name: |
| Certified Staff’s Signature: | Trainer’s Signature: |
| Date: | Trainer’s Contact  Information: |
| **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 **identified individual**. | |
| Certified Staff’s Printed  Name: | Trainer’s Printed Name: |
| Certified Staff’s Signature: | Trainer’s Signature: |
| Date: | Trainer’s Contact  Information: |
| **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 **identified individual**. | |
| Certified Staff’s Printed  Name: | Trainer’s Printed Name: |
| Certified Staff’s Signature: | Trainer’s Signature: |
| Date: | Trainer’s Contact  Information: |
| **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 **identified individual**. | |
| Certified Staff’s Printed  Name: | Trainer’s Printed Name: |
| Certified Staff’s Signature: | Trainer’s Signature: |
| Date: | Trainer’s Contact  Information: |
| **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 **identified individual**. | |
| Certified Staff’s Printed  Name: | Trainer’s Printed Name: |
| Certified Staff’s Signature: | Trainer’s Signature: |
| Date: | Trainer’s Contact  Information: |
| **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 **identified individual**. | |
| Certified Staff’s Printed  Name: | Trainer’s Printed Name: |
| Certified Staff’s Signature: | Trainer’s Signature: |
| Date: | Trainer’s Contact  Information: |