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|   | **Risk Assessment Management Plan – Anticoagulant Risk Assessment** |

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| **RISK ASSESSMENT** |
| **Name** |  | **Reference Number** |  |
| **Identified Risk** | Risk of bleeding when taking Anticoagulant medicines  |
| **Assessment Date** |  |
| **Risk Factors** | **Likelihood** | **Severity** |
| Rare | 1 | None / Trivial | 1 |
| Unlikely | 2 | Minor / No Injury | 2 |
| Likely | 3 | Moderate / First Aid | 3 |
| Very Likely | 4 | Severe / Medical assistance | 4 |
| Almost Certain | 5 | Extreme / Fatal | 5 |
| **Risk Matrix** | **=** | **Severity** |
| **Likelihood** | **1** | **2** | **3** | **4** | **5** |
| **1** | 1 | 2 | 3 | 4 | **5** |
| **2** | 2 | 4 | 6 | 8 | 10 |
| **3** | 3 | 6 | 9 | 12 | 15 |
| **4** | 4 | 8 | 12 | 16 | 20 |
| **5** | 5 | 10 | 15 | 20 | 25 |
| **Risk Level and Action** | **Level** | **Action** |
| 1 – 4 | NO CURRENT RISK | No further action, but ensure controls are maintained and monitored |
| 5 – 9 | LOW RISK | Develop management plan and review quarterly |
| 10 – 16 | MEDIUM RISK | Develop management plan and review monthly |
| 16+ | HIGH RISK | Develop management plan and review subject to each occurrence |
| **Assessment Summary** |  |
| **Author(/s)** | **Print Name** | **Position / Relation** | **Signature** |
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| **RISK MANAGEMENT PLAN** |
| **Name of product:** |  |  |  |
| **Areas where in place** |  |  |  |
| **Purpose** | The purpose of this risk management plan is to identify the increased risk of bleeding when taking anticoagulant medication |
| **Proactive Measures** | **The following risks may need to be considered when taking anticoagulant medicines****• Risk of increased bleeding*** Overdose may cause bleeds /under dose may cause blood cloths
* Anaemia,
* Bruising and swelling to the body,
* Nausea
* Low B/P, Quickened heartbeat .
* Interaction with other medicines, example Aspirin
* excessive bleeding, bloody/discoloured urine/faeces, nosebleeds, bleeding gums, prolonged bleeding from cut/wounds, dizziness, muscle weakness, hair loss, rashes.

**Action::*** All anticoagulants must be prescribed by the GP or other health professional and the dosage determined by GP.
* Blood thinners must be taken exactly as directed - not taking enough of the medication won’t be effective, too much can lead to severe bleeding
* Over the counter/prescription drugs can increase risk of bleeding, therefore must be taken with caution when on anti-coagulants; example: antibiotics, anti-fungal creams, pain relievers, acid reducers, Aspirin.
* Anticoagulants or blood thinners can reduce the blood's ability to clot and people taking anticoagulants will bruise easily, a minor bump can result in a substantial bruise and skin may become fragile.
* Any noted bruising must be body mapped and the person in charge notified.
* If bruising appears to be increasing in size seek medical attention.
* Staff to be aware of the increased risk of injury if there are noted slips, trip or falls.
* Any head injury / knock to the head must be checked by a medical professional.
* Inform visiting professionals of taking Anticoagulants, (blood thinners)
* Any excessive bleeding as noted in risk to be notified to the person in charge for advice and guidance.

**WARFARIN:**For residents taking Warfarin the GP will monitor the dosage of blood thinning medication. (INR - rate at which blood clots). GP will undertake annual review of medication / blood test. Cranberry juice and alcohol is not recommended.Avoid eating large amounts of foods that are high in Vitamin K.  |
|  **Comments/Input**  |  |
| **Author(/s)** | **Print Name** | **Position / Relation** | **Signature** |
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| **Cosignatories** **(Staff Team)** | **Print Name** | **Position / Relation** | **Signature** |
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|  | **RISK ASSESSMENT REVIEW**  |  |
| **Date** | **Notes** | **Name & Signature** |
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