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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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