# **Caring for Community Pharmacy Anticoagulation Management Service (CPAMS) clients in mandatory self-isolation for COVID-19**

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**Introduction**

This guidance helps clinicians to provide care for CPAMS clients in mandatory home self-isolation as part of the COVID-19 Care in the Community programme. It has been produced by the Ministry of Health, in collaboration with sector representatives.

CPAMS is normally provided by a pharmacist in a community pharmacy. Clients in mandatory home self-isolation will not be permitted to visit their community pharmacy to access CPAMS. However, a testing provider commissioned by the DHB can enter the client’s residence to take a capillary blood sample and test with the CoaguChek XS Plus device. The results are communicated to the client’s pharmacy who will then advise the client of the appropriate warfarin dose, and date of the next test.

This guidance should be read in conjunction with:

* Community Pharmacy Anti-Coagulation Management Services Service Specification [1]
* Standing orders for the management of warfarin [2]
* Standard operating procedure for CPAMS [3].

**Equipment required for service**

* CoaguChek XS Plus device
* Test strips and code chip
* Quality control material
* Safe-T-Pro Plus lancing device
* PPE
* Vitamin K 10mg/mL 1mL ampoules
* Syringes and filter needles for draw up. Note vitamin K dose may be given orally
* Sharps bin
* Cotton swabs
* Alcohol swabs.

**Service providers**

* The testing provider is the district health board’s (DHB) phlebotomy service provider.
* The pharmacist providing the dosing advice (the CPAMS provider) should be an agent of the pharmacy currently providing CPAMS for the client.

**Quality control testing**

* The testing provider must perform quality control testing of the test strips monthly, and with every new batch of test strips.

**Preparation**

1. If the testing provider has not provided CPAMS before, it is strongly recommended to review the training material before providing the service, particularly:
   1. The CoaguChek XS Plus user manual [4]
   2. An instructional video (note instructions on how to test begin at 10:20 minutes) [5]
   3. Appendix 2 of the Warfarin Standing Orders for CPAM Services document describes actions required if INR results are higher than the therapeutic range [2].
2. The CPAMS provider and the client’s general practitioner (GP) are notified that the client is self-isolating at home due to a positive COVID-19 test result
3. The CPAMS provider will assess whether it’s appropriate to extend the testing interval to up to 3-monthly [6]. If it’s not appropriate to extend, proceed with the rest of this guideline.
4. The CPAMS provider liaises with the testing provider to inform which client(s) require tests and when.
5. The CPAMS provider informs client what day and time the testing provider will arrive to test.

**Testing**

1. The testing provider visits the client’s home, wearing appropriate personal protective equipment (PPE) and following all infection prevent and control (IPC) protocols [7].
2. The testing provider obtains a blood sample as per the process described in the Standard Operating Procedure for Community Pharmacy Anticoagulation Management Services v1.3 [3].
3. The testing provider records the result and notifies the CPAMS provider by phone.
4. The Warfarin Standing Orders for CPAM Services v2.2 document describes actions required if INR results are higher than the therapeutic range [2]. If it’s necessary, the testing provider needs to remain in the client’s home to administer vitamin K. Document any actions taken and report to the CPAMS provider and the prescriber.
5. The CPAMS provider checks the latest INR result against the client’s target INR range.
6. The CPAMS provider will:
   1. enter the result manually into the INR Online system and counsel the client (via telehealth eg, over the phone) on the dose as appropriate on the same day as the test. Inform the client on when the next test is required
   2. record any necessary information on the client’s file (eg, missed doses, bleeding or bruising, new medication and hospital admissions)
   3. if a review with the GP is required, inform the client that they will be contacted again only if their GP has changed their dose
7. The testing provider leaves client’s home, doffing PPE as per IPC protocols.

# **References**

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| [3] | “Standard operating procedure for community pharmacy anticoagulation management (CPAM) services,” [Online]. Available: https://tas.health.nz/assets/Publications/Pharmacy-Documents/Services/CPAMS/Documentation/CPAMS-Standard-Operating-Procedure-V1.3-FINAL.pdf |
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