

# COVID-19 Care in the Community - Case Management in Pharmacy Operational Guide

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## Medication Management Consult/In-home Visit: Community Pharmacy Anticoagulation Management Service (CPAMS)

### ***Eligibility Criteria:***

- CPAMS clients who are in mandatory COVID-19 isolation including:
  - Clients who are COVID-19 positive
  - Clients who are considered household contacts of a person who is COVID-19 positive (For In-home visit only).
- Referrals for this service may come from:
  - Prescriber via email or phone or noted on prescription.
  - Welfare or other agencies such as Tihei Mauri Ora and the local hubs who provide support.
  - Health Hawke's Bay.
  - General Practice.
  - DHB services.
  - Pharmacy staff.
  - Client self-referral.
- Pharmacists are able to claim, one of the following, but not both:
  - Medicine Management Consultation fee if INR blood test done via SCL
  - An In-home service fee done by the pharmacy
- As part of the In-home Visit service a pharmacy may claim reimbursement for:
  - A pharmacist visiting a client's home to provide CPAMS
  - A support person to accompany the pharmacist
  - Mileage reimbursement

### **Background**

Warfarin management by 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.

There are several options to consider in this case. Including:

- Deferring tests, if appropriate, or
- arranging a home visit International Normalised Ratio (INR) test via phlebotomy service, or
- a qualified Pharmacist visiting the patient at home to do a point of care INR.

### **Planning for COVID-19 in the community**

It is strongly recommended that the pharmacy discuss and document a plan for CPAMS client prior to the client being required to isolate.

Points to consider are:

- Contact details.
- Options for INR management.

- Times that the pharmacist will be available to deliver the in-home CPAMS service if required.
- Risk factors for the pharmacist or phlebotomist to be aware of at the client's home.

### Options for warfarin management

Once the Pharmacy is alerted that the CPAMS client is isolating, contact the client and reinforce that they are not to leave isolation for their INR blood test and confirm warfarin management arrangements with client.

The options for warfarin management are:

#### 1. Assess whether it is appropriate to extend the testing interval.

- For patients due an INR during their isolation period consider:
  - If the patient is stable:
    - i.e. INR in range last 2 assessments and the INR and Time in Therapeutic Target >60% for the last 12 months, the INR can be deferred for 4 - 8 weeks<sup>1</sup>:
      - i. Continue on the same dose.
      - ii. Discuss red flags and when to contact a health professional for further advice.
  - If the patient is not stable: arrange home visit from phlebotomy or pharmacist (see below).
- For patients not due an INR during their isolation period: discuss red flags and when to contact a health professional for further advice.

#### 2. INR testing at client's home: Southern Community Labs phlebotomy service.

If a pharmacy cannot provide In-home Visits or the patient would prefer to have their INR managed by the SCL phlebotomy service, the pharmacist can arrange this. This service can then be claimed as a Medicines Management Consult.

- Contact patient's general practice asking that they:
  - a. request a home visit by SCL (community pharmacists are unable to do this due to the referrer criteria within SCL's agreement)
  - b. request that the community pharmacy is sent the INR test result (and provide them the email address you wish SCL to send the INR result to).
- Inform your CPAMS patient what will happen.
- When you receive the INR result from SCL process the result using INR online as usual and contact the patient with the results and actions they are to take.

#### 3. INR testing at client's home: Pharmacist In-home Visit: CPAMS

This In-home Visit service allows for and funds:

- A CPAMS qualified pharmacist visiting a client's home to provide CPAMS.
- A support person to accompany the pharmacist.
- Mileage reimbursement.

Prior to the home visit consider and plan for:

- Safe transportation to and from the dispensing pharmacy.
- Personal protective equipment (PPE), infection prevention and control measures as per organisation, and safe disposal of PPE after dose delivery.
- Systems to return consumables to the dispensing pharmacy.
- The process for ensuring privacy and upholding mana of the client.
- Equipment required:

- 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.

Once at the client's home:

- The process for testing follows the [Standard Operating Procedure for Community Pharmacy Anticoagulation Management Services v1.3](#) protocol.
- The [Warfarin Standing Orders for CPAM Services v2.2](#) document describes actions required if INR results are higher than the therapeutic range. If it's necessary, the pharmacist needs to remain in the client's home to administer vitamin K. Document any actions taken and report to the prescriber.
- Discuss red flags and when to contact a health professional for further advice.
- If the client is acutely unwell contact the GP.

### Red flags and points to discuss with your patient

Diarrhoea and vomiting may be symptoms of COVID-19, this may also be accompanied by loss of appetite. As INR is affected by vitamin K, not eating regular meals may affect INR. Advise the CPAMS client to monitor for signs of bleeding and contact their GP or Healthline on 0800 611 116 immediately if they experience any of the following:

- become pale, very weak and tired, or short of breath
- bleeding from the gums
- cuts or nosebleeds that won't stop (longer than 10 minutes)
- blood in stools – black, tarry stools
- blood in urine – pink, red or brown-coloured urine
- heavy periods (menstrual bleeding)
- coughing up blood
- coffee grounds vomit.

It is also important to discuss medication interactions such as NSAIDs.

### Tools available:

- **ISBAR communication framework between health care workers.**
- **Patient fact sheet: COVID-19 Seeking medical help – when and how**
- **COVID-19: Infection prevention and control recommendations for health and disability care workers | Ministry of Health NZ.**
- **Caring for Community Pharmacy Anticoagulation Management Service (CPAMS) clients in mandatory self-isolation for COVID-19 Care in the Community Programme (Word, 41 KB)\**
- **Health Navigator: Warfarin overview**

### References:

<sup>1</sup> Australian Commission on Safety and Quality 2020. Position Statement Management of patients on oral anticoagulants during COVID-19 <https://www.safetyandquality.gov.au/sites/default/files/2020-05/Covid-19%20-%20Position%20statement%20-%20Management%20of%20patients%20on%20oral%20anticoagulants%20during%20COVID-19%20-%2029%20April%202020.PDF>

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