Policy · ANT-POL-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 47.4

At a glance

- Every anticoagulant use is recorded at admission and at each change (ANT-REG-001).
- Dose is checked against renal function and weight at the interval set for each drug.
- Each patient on an anticoagulant has a written reversal plan for bleeding, specific to the drug.
- Reversal agents are stocked and checked as set in the plan.
- Stop and get help straight away if: a patient on an anticoagulant has no recorded reversal plan.

1. Purpose

To make sure anticoagulant use is recorded, dosed safely, and has a plan for reversal if bleeding occurs (47.4).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

Anticoagulants prevent clots but cause bleeding if they are not dosed carefully. Checking the dose, and having a written plan to reverse them, keeps patients safe.

5. Responsibilities

Role	Responsibility	Competence
Prescriber	Records the drug and dose and writes the reversal plan	Clinical lead
Ward pharmacist	Checks the dose and the reversal agents	Clinical lead

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Record.

- Record the anticoagulant, dose and indication on admission and at each change (ANT-REG-001).

Key point: Recorded.

Step 2. Check.

- Check the dose against renal function and weight at the set interval.

Key point: Checked.

Step 3. Plan.

- Write the reversal plan for the drug, and check that the reversal agent is available.

Key point: Planned.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Anticoagulant patients with a recorded reversal plan	100%	Monthly	Clinical lead	Escalate to the hospital director
Doses checked at the set interval	100%	Monthly	Ward pharmacist	Review the dose at once

14. Records

Record	Kept in	Retention

Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
ANT-REG-001	Anticoagulant use and reversal register	Register
CLN-SOP-005	VTE risk assessment and prophylaxis (existing, reused)	SOP

17. Evidence

Reference	Note
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- **Medication Safety: Operating SOP-MED-01 End to End** (T-08)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)

- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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