The Mid Yorkshire Hospitals NHS
NHS Trust

WARFARIN TREATMENT

NEW PATIENT INDUCTION & REFERRAL

NB: For patients admitted to hospital already on warfarin please use the warfarin continuation prescription (yellow) chart

For enquiries telephone:

Mid-Yorkshire Anticoagulant Clinic
Monday to Friday 9am to 5pm

PGH & PGI:
Telephone ext: 57103 (01924 317103) Fax: 57099 (01924 317099)
Air tube numbers: 1; 2 & 3

DDH:
Telephone ext: 83763 (01924 512044) Fax: 83192 (01924 816021)

For urgent enquiries outside of these times, contact the Haematology BMS on call via the operator

PROCEDURE FOR THE INDUCTION OF WARFARIN

(Please detach this section from the referral & induction chart to keep on the ward for guidance)

IN-PATIENT INDUCTION

- Complete section one of the warfarin referral & induction chart on page 3 & patient details on page 4.
- Send the chart with an INR, FBC (Day 1) and LFT(day 1) sample and request to the pathology laboratory
- Once the INR sample has been processed a dose of warfarin will be recommended by the anticoagulant clinic in line with the appropriate induction regime and the chart returned to the ward
- Follow the daily dosing advice in section two.
- Date of next required INR will be indicated on the induction chart. On this day, send the chart and an INR sample to the pathology laboratory

DISCHARGE

- All new patients to warfarin will be given a counselling appointment with the anticoagulant clinic where further information will be given to them about their warfarin treatment
- Ensure section one, two and three of the warfarin referral & induction chart are complete, fax page 3 & 4 to the anticoagulant clinic. (Original can be sent after discharge).
- Contact the anticoagulant clinic to arrange an outpatient appointment
- Inform the patient of the appointment date, time and location.
- Arrange hospital transport if required, arrange interpreter if required
- Ensure patient is given current patient information leaflet ”Information for patients being discharged on warfarin”
- Ensure the patient knows what dose of warfarin to take until their appointment with the anticoagulant clinic
- If the patient is discharged over the weekend contact the clinic on Monday to make appointment arranged.

OUT-PATIENT INDUCTION

- Complete section one and three of the warfarin referral & induction chart and send to anticoagulant clinic.
- Telephone the anticoagulant clinic to arrange an outpatient appointment.
- Inform the patient of the appointment date, time and location and arrange hospital transport if medically required

BCSH guidelines for Target INR’s and duration of treatment (BCSH, 1998,2005 &2011)

Indication	Target INR (range)	Treatment Length
DVT (calf vein ie **not** extending into the popliteal vein))	2.5 (2.0 to 3.0)	6 weeks
DVT (proximal vein)	2.5 (2.0 to 3.0)	3-6 months in first instance*
Recurrent DVT (on treatment when INR therapeutic)	3.5 (3.0 to 4.0)	Lifelong*
Recurrent DVT (off treatment)	2.5 (2.0 to 3.0)	Lifelong*
Pulmonary Embolism	2.5 (2.0 to 3.0)	3-6 months in first instance*
Recurrent PE (on treatment when INR therapeutic)	3.5 (3.0 to 4.0)	Lifelong
Recurrent PE (off treatment)	2.5 (2.0 to 3.0)	Lifelong
Arterial Embolus/Peripheral vascular disease	2.5 (2.0 to 3.0)	Lifelong
TIA/CVA Embolic	2.5 (2.0 to 3.0)	Lifelong
Atrial Fibrillation	2.5 (2.0 to 3.0)	Lifelong
Mitral Valve Disease	2.5 (2.0 to 3.0)	Lifelong
Heart Valve Replacement (Tissue)	2.5 (2.0 to 3.0)	3 months
Heart Valve Replacement (Mechanical)- INR target depends on thrombogenicity	Low risk- 2.5 (2.0-3.0) Medium risk 3.0 (2.5-3.5) High risk 3.5 (3.0-4.0)	Lifelong
Coronary Artery Stent	2.5 (2.0-3.0)	3 months
Ischaemic Heart Disease/LV Dysfunction	2.5 (2.0 to 3.0)	Lifelong

***(Duration of warfarin treatment for VTE is usually confirmed after clinical review by Clinical Haematology)**

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WARFARIN REFERRAL & INDUCTION CHART

For patients admitted to hospital already on warfarin please use the warfarin continuation prescription (yellow) chart

SECTION ONE: REFERAL TO ANTICOAGULANT CLINIC

Patient details:	
Hospital No…….……DOB……..……..	Referring Consultant……..……
Surname…….…….……	Hospital & Ward…….…….…….
Forename……..……..……	Ward contact no.…….…….
NHS No…….……..	Ward air tube no……...
Address……..……	GP Name……..……
……..…….……..	GP Address……..……..……..
Telephone Number……..……..……..	……..……..

Clinical information for anticoagulation:

Reason for anticoagulation: DVT □ PE □ AF □ Other (Please specify)……..

Date of diagnosis .....

If **thromboembolic event:** is patient on LMWH Yes □ No □ If yes state type and dose ……

For DVT/PE was this hospital acquired (HA-VTE) ? Yes □ No □

(HA-VTE is a DVT or PE diagnosed more than 72 hours after current admission, or within 90 days of a previous admission)

Has patient previously taken Warfarin? Yes □ No □ Was this for DVT/PE? Yes □ No □

Was the **thromboembolic event spontaneous** Yes □ No □ If no state cause ……

If Heart Valve please state type: ……..….. Metallic □ Tissue □

Target Range ……(See page 2 for BCSH guidelines) Proposed duration of treatment ……

Start date……..

Is patient currently taking: (a) Aspirin Yes □ No □ (b) Clopidogrel Yes □ No □ (c) Dipyridamole Yes □ No □

Are these to continue? Yes □ No □ (please specify)…….

……..

Risk assessment:

Have you reviewed the indications and contraindications for use and assessed the appropriateness of the intended treatment against the patient's current health and social status, medication, other treatment and patient's preferences? Yes □ No □

Dr's signature:…….Print:……Bleep No:…….

Date: …….

PLEASE ENSURE THIS FORM IS FULLY COMPLETED AND THAT THE DOCTOR REQUESTING INITIATION OF WARFARIN HAS PERFORMED A RISK ASSESSMENT AND SIGNED TO CONFIRM THIS. ANY FORMS NOT COMPLETED WILL BE RETURNED TO THE WARDS WITHOUT DOSING ADVICE.

PLEASE KEEP THIS CHART ON THE WARD UNTIL DISCHARGE THEN FAX TO THE RELEVANT ANTICOAGULATION CLINIC AND FOLLOW THE CHECK LIST IN SECTION 3.

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WARFARIN REFERRAL & INDUCTION CHART

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Patient Details:

Hospital No……..…DOB……..……..NHS Number: ……

Surname.…….……Forename ……..…..

SECTION TWO: WARFARIN INDUCTION CHART **(*** ACP = Anticoagulant Practitioner.)

Day	Date	INR	Next test date	Warfarin dose recommended by Anticoagulant Practitioner (ACP)	ACP* Sign	Medic sign	Date & time dose given	LMWH Type …….. dose given	Nurse sign
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

(Continue on yellow warfarin prescription chart when full)

SECTION THREE: DISCHARGE CHECK LIST

Has the patient been seen by Pharmacy staff and given current patient information leaflet on Warfarin?	Yes □ No □
Does the patient have a Warfarin dose for discharge?	Yes □ No □
Has a follow up appointment been made with the clinic for Warfarin Counselling? Appointment Date ……Time……Location…… (To arrange an appointment please fax pages 3 & 4 of this form to the Anticoagulant Office and we will telephone you with an appointment.) Ward extension number ……	Yes □ No □
Has transport been arranged if necessary? (**If patient is medically unfit to come to hospital for counselling please speak to an Anticoagulant Practitioner to discuss alternatives.**)	Yes □ No □ If yes state type…….
Has an interpreter been arranged if necessary? What language does the patient speak? ……..	Yes □ No □
Nurse responsible for discharge of patient: please sign to confirm all above have been arranged. Thank you. **Name……Sign ……..Date ……..**	

Anticoagulant clinic: PGH & PGI – Tel: ext 57103 fax 57099 DDH: Tel: ext 83763 fax 83192