

**STAFFORDSHIRE THROMBOSIS & ANTICOAGULATION CENTRE
NEW REFERRAL FOR ANTICOAGULATION**

<p>Patient Details: (PAS Sticker) NHS No: Unit No: Surname: First Name: Date of Birth: Home Address: Contact Telephone No:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Height:</td></tr> <tr><td style="padding: 2px;">Weight:</td></tr> <tr><td style="padding: 2px;">BMI:</td></tr> </table>	Height:	Weight:	BMI:	<p>Date of Referral:</p> <hr/> <p>Potential Problems:</p> <p>Alcohol or drug abuse:</p> <p>District nurse or transport for blood tests:</p> <p>Dosette box or problems with self-administration:</p> <p>Interpreter needed or comprehension problems:</p> <p>Other (give details):</p>																
Height:																				
Weight:																				
BMI:																				
<p>Current Anticoagulation: Date anticoagulation started: Ward: Consultant: GP details:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; padding: 5px;">Ward Doctors Signature</td> <td style="width:30%; padding: 5px;">Bleep</td> </tr> <tr> <td style="padding: 5px;">Print Name</td> <td style="padding: 5px;">Designation</td> </tr> </table>	Ward Doctors Signature	Bleep	Print Name	Designation	<p>Antiplatelet Medication: (please tick relevant box)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;"></th> <th style="width:20%;">Stop when INR over 2</th> <th style="width:20%;">Duration if to continue</th> </tr> </thead> <tbody> <tr><td>Aspirin</td><td></td><td></td></tr> <tr><td>Clopidogrel</td><td></td><td></td></tr> <tr><td>Dipyridamole</td><td></td><td></td></tr> <tr><td>Other</td><td></td><td></td></tr> </tbody> </table> <p>If patient is to continue Antiplatelet Medication after starting Anticoagulation specify reason below</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		Stop when INR over 2	Duration if to continue	Aspirin			Clopidogrel			Dipyridamole			Other		
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Investigations			
	Result	Date	Other Relevant Results (e.g. Doppler/CTPA)
Haemoglobin (gm/L)			
Platelet Count			
Serum Creatinine			
Creatinine Clearance/eGFR			
Normal LFT	Yes/No		
Normal Coagulation Screen	Yes/No		

Indication for Anticoagulation (✓ as appropriate)			
Indication	Date of Diagnosis	Tick	
Venous Thromboembolism			fill out Section 1
Atrial Fibrillation			fill out Section 2
Prosthetic Heart Valve			fill out Section 3
Other (specify)			fill out Section 4

PART 1

Please complete the relevant section below

Site/Provocation	Target INR	Duration	Tick
First Provoked Proximal DVT/PE	2.5	3 months	
First Unprovoked DVT/PE	2.5	3 months/consider long-term	
Recurrent VTE (while not on anticoagulation)	2.5	consider long-term	
Recurrent VTE (while fully anticoagulated)	3.5	long-term	
Distal DVT	2.5	3 months	
Unusual site venous thrombosis	2.5	Individualised plan, please provide details	
Cancer associated thrombosis	-	Dalteparin preferred, share care with oncology	

Section 2

Atrial Fibrillation

CHA ₂ DS ₂ Vasc Score			HASBLED Score	
Age	<65 (0)	65-74 (1)	≥75 (2)	Hypertension (uncontrolled, >160mmHg sys) (1)
Sex	Female (1)	Male (0)		Renal Disease (dialysis, transplant, Creatin >200µmol/L) (1)
Congestive Heart Failure (1)				Liver Disease (cirrhosis, bil>2XN, ALT/AST/ALP X3N) (1)
Hypertension-incl treated (1)				Stroke History (1)
Stroke/TIA/Thromboembolism (2)				Prior Major Bleeding or Predisposition (1)
Vascular Disease eg IHD, PVD (1)				Age >65 (1)
Diabetes (1)				Labile INR (TTR <60%) (1)
TOTAL SCORE				Medication Predisposing to Bleed (1)
				Alcohol (>8 units per week) (1)
				TOTAL SCORE

Section 3

Prosthetic Heart Valve (✓ as appropriate)

Valve Type	Valve Position	INR Target	Duration	Tick
Mechanical	Aortic (no risk factors)	2.5	Life-long	
Mechanical	Aortic (with risk factors*)	3.0	Life-long	
Mechanical	Mitral	3.0	Life-long	
Biological	Aortic (no risk factors)	Aspirin	Life-long	
Biological	Aortic (with risk factors*)	2.5	Life-long	
MV Repair or Biological MVR	Mitral (no risk factors)	2.5	3 months	
MV Repair or Biological MVR	Mitral (with risk factors*)	2.5	Life-long	
Proximal Aortic Graft & Valve	Aortic	2.5	Life-long & Aspirin for 12 mnths	

* N.B. Risk Factors defined as: Atrial Fibrillation, previous thromboembolism, enlarged left atrium, poor left ventricular function & known hypercoagulable state

Section 4

Other Indications For Anticoagulation

Please provide clinical details – MDT referral recommended

PART 2
Please complete all sections below

Relevant Clinical Information
List all co-morbidities or any other relevant clinical information

Medication (please list all current medication)							
Medication Interactions Checked <input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>						

Contraindication to Anticoagulation (✓ as appropriate)			
NO Contraindications to Anticoagulation <input type="checkbox"/>	Haemophilia/Bleeding Disorder		HASBLED >6
	Active Peptic Ulcer, Oesophageal Varices		Infective Endocarditis
	Recent Trauma, Surgery, Organ Biopsy		Aneurysm
	Known Allergy to any Anticoagulation		Thrombocytopenia (platelet count <75)
	Previous Major Bleed on Anticoagulation		Recent Stroke
	Recent Major Bleed		Other, please specify
	Heparin Induced Thrombocytopenia		Other, please specify
	If any Contraindications apply please discuss with Senior Clinician or refer to MDT		

Patient Discussion (✓ as discussed)	
Need for anticoagulation, confirmed duration and intensity	
Risks of anticoagulation, bleeding risk, symptoms of bleeding	
Options of anticoagulation medications	
Risks in liver/renal impairment	
Advice regarding interacting medication, diet, alcohol, smoking	
Contraindications in pregnancy	
Need of medical attention if bleeding & prior to surgery/invasive procedure	
Information leaflet provided	
Anticoagulation card issued	

Do you wish to prescribe the anticoagulation treatment plan?	YES (please complete either section A or B on page 4) NO : For Urgent Anticoagulation discuss with haematologist page 15723 (For non-Urgent patients, please provide all clinical information & a haematologist will decide and prescribe appropriate anticoagulation)
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Patient Name:			
H. No.		D.O.B	

PRESCRIPTION FOR ANTICOAGULATION

To be completed by a prescriber after approval from consultant in charge of the patient

Section A	PRESCRIPTION FOR WARFARIN			
Please START & MONITOR warfarin for this patient	Duration		Target INR	
Administer dalteparin until INR in therapeutic range	Dose	----- units S/C O.D.		
Monitor INR and advise warfarin dose change to the patient as per software algorithm (DAWN) protocol	<input type="checkbox"/>			
Supply patient with 28 tablets of each strength of warfarin, 1mg tablets, 3mg tablets and 5mg tablets	<input type="checkbox"/>			
In the event of over-anticoagulation please give Vitamin K as per STAC protocol	<input type="checkbox"/>			
Additional dalteparin if INR sub-therapeutic	within 6 weeks after acute VTE <input type="radio"/>	For heart valve patient <input type="radio"/>	Not required <input type="radio"/>	
Follow up/other instructions	Please enter details			

Section B	PRESCRIPTION FOR DIRECT ORAL ANTICOAGULANTS (Apixaban/Dabigatran/Edoxaban/Rivaroxaban)	
Please arrange anticoagulation review of this patient who has been started on	_____	
	<i>(specify name of medication, dose and duration)</i>	
Follow up/other instructions	Please enter details	

TO BE COMPLETED BY REFERRING CLINICIAN (PRESCRIBER ONLY)			
Clinician Name		Designation	
Signature		GMC/ NMC no.	
Email/Pager		Date	

All patients will be given routine appointment unless discussed with STAC nurses BEFORE discharge
Please send completed form to STAC via Fax: 08442448577 (9.00am-4.30pm, Mon-Fri)
or via secure Email: anticoagulation.uhns@nhs.net

For further information, suggestions, feedback and complaints please contact

Lead Anticoagulant Nurse
Staffordshire Thrombosis and Anticoagulation Centre
West Building
Royal Stoke University Hospital
Newcastle Road, ST4 6QG

Email: anticoagulation.uhns@nhs.net
Tel: 01782 674252; FAX No: 08442448577
Pager: 07623604843
Pager (clinical advice): 07623616911
(9.00am-4.30pm, Mon-Fri)