# STAFFORDSHIRE THROMBOSIS AND ANTICOAGULATION CENTRE
# PATIENT SPECIFIC DIRECTION FOR WARFARIN

| Patient Details | | | |
|---|---|---|---|
| **Surname** | | | |
| **Forename(s)** | | | |
| **Unit Number/NHS No** | | | |
| **Date of Birth** | | | |
| **Address/contact number** | | | |
| M/F | | Ethnicity | |

| Referrer Details | | |
|---|---|---|
| **Name and Position** | | |
| **Location for first visit** (tick as appropriate including ward) | **Inpatient** | **Outpatient** |
| **GP/Consultant Name** | | |
| **GP/Consultant contact details** | | |

If already on warfarin enter recent INR and dose record

| **Current Medication** (please specify Anti-platelet drugs and other interacting medication) | To continue when INR is therapeutic **Y/N** |
|---|---|
| Aspirin …………. mg daily | |
| Clopidogrel ……….mg daily | |
| *please fax recent prescription with the form* | |

| Date | INR | Warfarin dose (Five most recent results & dose) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

Please **initiate and monitor** warfarin for this patient for a duration of ……………… months/indefinite with an INR target of ……………………………

The indication for oral anticoagulation and the date of diagnosis:
…………………………………………………………………………………………………………………………………………………………………………

If applicable, the CHADS/$CHA_2DS_2$ Vasc score of the patient is ………………………..(please see guidance notes page 3).

Pending investigations and date referred:……………………………………………………………………………………………………………………

•**Start warfarin as per the following algorithm: Rapid (Fennerty) / Slow (Tait) – tick as appropriate on page 2**. UHNM **ONLY : For patients with an acute venous thromboembolism or mechanical heart valve please also complete dalteparin referral form.**

•Continue monitoring of INR and advise patient of warfarin dose change as per the validated computerised algorithm (DAWN)

•Supply the patient, 28 tablets of each strength of warfarin 1mg tablets, 3mg tablets and 5mg tablets.

**By completing this form and signing below, I confirm the following** :

**1**. I am aware that this anticoagulation service will hold clinical responsibility for the anticoagulation of my patient.

**2.** I confirm that the patient is aware of the indication, benefits and side effects of oral anticoagulation and does not have any contra-indications for anticoagulation.

**Signature……………………………………….** **Name (please print):** ………………………………………….

(Only Consultant/GP/Registrar/Non-medical prescriber to sign) **Date:** ……………………………………………

**INCOMPLETE REFERRALS WILL NOT BE ACCEPTED**



Warfarin PSD/HOF001/GB/DC/Rev013 Issued : 24.03.2016 Review interval:12 months

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# PATIENT SPECIFIC DIRECTION FOR WARFARIN

| **Patient Name:** | **Unit Number:** | **Date of Birth** |
|---|---|---|

| **FENNERTY[1] (PE, DVT where rapid anticoagulation is desirable)** | *Tick* |
|---|---|
| **Day 1 INR ≤ 1.4 - 10mg** | |
| **Day 2 INR** | |
| <1.8 | 10mg |
| 1.8 | 1.0mg |
| >1.8 | 0.5mg |
| **Day 3 INR** | |
| <2.0 | 10mg |
| 2.0 – 2.1 | 5mg |
| 2.2 – 2.3 | 4.5mg |
| 2.4 – 2.5 | 4mg |
| 2.6 – 2.7 | 3.5mg |
| 2.8 – 2.9 | 3mg |
| 3.0 – 3.1 | 2.5mg |
| 3.2 – 3.3 | 2mg |
| 3.4 | 1.5mg |
| 3.5 | 1mg |
| 3.6 – 4.0 | 0.5mg |
| **Day 4 INR** | |
| <1.4 | >8mg |
| 1.4 | 8mg |
| 1.5 | 7.5mg |
| 1.6 – 1.7 | 7mg |
| 1.8 | 6.5mg |
| 1.9 | 6mg |
| 2.0 – 2.1 | 5.5mg |
| 2.2 – 2.3 | 5mg |
| 2.4 – 2.6 | 4.5mg |
| 2.7 – 3.0 | 4mg |
| 3.1 – 3.5 | 3.5mg |
| 3.6 – 4.0 | 3mg |
| 4.1 – 4.5 | 0mit – 2mg from day 5 |
| >4.5 | Omit for 2 days & 1mg from day 6 |

| **TAIT[2] (Slow anticoagulation) (FOR AF OR IN THE ABSENCE OF VTE)** | | | *Tick* |
|---|---|---|---|
| **Day 1 INR ≤1.4 - 5mg for 4 days** | | | |
| **Day 5 INR** | **Dosage in mg for days 5 - 7** | **Day 8 INR** | **Dose in mg from day 8** |
| ≤ 1.7 | 5mg | ≤1.7<br>1.8 – 2.4<br>2.5 – 3.0<br>>3.0 <5.0<br>>5.0 | 6mg<br>5mg<br>4mg<br>3mg for 4 days<br>Omit until INR<5 |
| 1.8 – 2.2 | 4mg | ≤1.7<br>1.8 – 2.4<br>2.5 – 3.0<br>3.1 – 3.5<br>>3.5<5<br>>5 | 5mg<br>4mg<br>3.5mg<br>3mg for 4 days<br>2.5mg for 4 days<br>Omit until INR<5 |
| 2.3 – 2.7 | 3mg | ≤1.7<br>1.8 – 2.4<br>2.5 – 3.0<br>3.1 – 3.5<br>>3.5<5<br>>5 | 4mg<br>3.5mg<br>3mg<br>2.5mg for 4 days<br>2mg for 4 days<br>Omit until INR<5 |
| 2.8 – 3.2 | 2mg | ≤1.7<br>1.8 – 2.4<br>2.5 – 3.0<br>3.1 – 3.5<br>>3.5<5<br>>5 | 3mg<br>2.5mg<br>2mg<br>1.5mg for 4 days<br>1mg for 4 days<br>Omit until INR<5 |
| 3.3 – 3.7 | 1mg | ≤1.7<br>1.8 – 2.4<br>2.5 – 3.0<br>3.1 – 3.5<br>>3.5 | 2mg<br>1.5mg<br>1mg<br>0.5mg for 4 days<br>Omit for 4 days |
| ≥ 3.7 | 0mg | <2.0<br>2.0 – 2.9<br>3.0 – 3.5 | 1.5mg for 4 days<br>1mg for 4 days<br>0.5mg for 4 days |


1. British Medical Journal, 1984; **288**, 1268-70
2. British J of Haematology, 1998; **101**, 450-454


**Complete all pages of this form and send via FAX or as attachment to secure Email**

All requests will be acknowledged within 24hrs

**FAX No: 08442448577 (9.00am-4.30pm, Mon-Fri)**
**Email: anticoagulation.uhns@nhs.net**
**Tel: 01782 674252**

**Additional copies of this form can be obtained from**
http://www.uhns.nhs.uk/OurServices/ClinicalServices/AZofClinicalServices/Anticoagulantmanagementservice.aspx



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# GUIDANCE FOR PRESCRIBERS

**Please complete and save this page in patient records**

| Indication for Oral Anticoagulation[1] | Target INR | Duration of Treatment | Termination Date |
|---|---|---|---|
| Atrial Fibrillation (complete $CHA_2DS_S$-VASc table) | 2.5 | Indefinite | |
| Proximal DVT/PE (provoked) | 2.5 | 3 months | |
| Proximal DVT/ PE (unprovoked/spontaneous) (patients with cancer associated DVT/PE should receive LMWH) | 2.5 | 3 months consider long-term | |
| Isolated Distal vein Thrombosis | 2.5 | 6weeks | |
| Mechanical heart valve Aortic bileaflet | 2.5 | Indefinite | |
| Mechanical heart valve Mitral/ Aortic (please specify) | 3.5 | Indefinite | |
| Bio-prosthetic tissue valve Aortic/Mitral (please specify) | 2.5 | 3 months | |
| Cardiomyopathy | 2.5 | Indefinite | |
| Unprovoked Recurrent VTE (after stopping anticoagulation) | 2.5 | Indefinite | |
| Unprovoked Recurrent VTE (on therapeutic anticoagulation) | 3.5 | Indefinite | |
| Other (please specify) | | | |

[1]Indications for Oral Anticoagulation: BCSH Guidelines, 2011. www.bcshguidelines.com

| $CHA_2DS_2$ VASc Score for AF patients, to ensure the patient is suitable for warfarin | | |
|---|---|---|
| Risk Factor | Yes/No | Score |
| (C) Congestive Heart Failure/ Left Ventricular Dysfunction | | 1 |
| (H) Hypertension (> 160/90 or on anti-hypertensive drugs) | | 1 |
| ($A_2$) Age ≥75 | | 2 |
| (D) Diabetes Mellitus | | 1 |
| ($S_2$) Stroke/TIA/TE (Thromboembolism) | | 2 |
| (V )Vascular Disease – Coronary Artery Disease/MI/Peripheral Artery Disease or Aortic Plaque | | 1 |
| (A) Age 65-74 | | 1 |
| (Sc) Sex category – Female Gender | | 1 |
| Risk Score: | | |

**<u>For further information, suggestions, feedback and complaints please contact</u>**
**The Manager**
**Staffordshire Thrombosis and Anticoagulation Centre (STAC)**
**West Buildings**
**University Hospital of North Midlands**
**Newcastle Road**
**ST4 6QG**

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**For further information, guidance and copies of this form**
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