

Anticoagulant clinic use only	
Date	initial
Received :	
To File :	

NHS GENERAL

REFERRAL TO OUTPATIENT ANTICOAGULANT SERVICE

DOB..... Tel No..... Consultant..... GP.....	Patients Details : (affix label if available) Name..... Address..... Trust Number NHS Number.....
---	---

Indication (please tick box)							
AF			DVT			PE	
Other (please specify)							
Range (please tick box)							
2 -3		2.5-3.5		3 - 4		Other (please specify)	
Length of treatment (please tick box)							
6 weeks*		3 months		6 months		Indefinite	
Other (please specify)						*automatic stop after this time	

Other relevant medical conditions / information				Weight :	kg
Baseline Coag		FBC			
LFTs		U&Es			

Other medication (name,dose,frequency)	
Pt on tinzaparin (please circle) YES / NO If YES Dose :	
Stop aspirin / clopidogrel once INR >1.8 (please circle) YES / NO	

Has warfarin been commenced (please circle)				YES	/	NO
Date commenced		Clinic and date to attend				
INRs and doses prescribed (if already on warfarin)-Send copy of inpatient chart where possible						
Date	INR	Dose	Date	INR	Dose	
Date	INR	Dose	Date	INR	Dose	
Date	INR	Dose	Date	INR	Dose	

Signed _____ Print Name _____
 Designation _____ Date _____

NHS GENERAL

Once completed please send or fax to Anticoagulant Services Office at either

North Tyneside General Hospital
Pathology Department
Rake Lane
North Shields
NE29 8NH
Tel 0191 2932755
Fax 0191 2932796

OR

Wansbeck General Hospital
Pathology Department
Woodhorn Lane
Ashington
Northumberland
NE63 9JJ
Tel 01670 529739
Fax 01670 529751

For patients covered by Hexham then direct to Wansbeck

Once a fully completed form has been received then an appointment will be made in the anticoagulant clinics.

Forms without the relevant information will be sent back to the referrer to be completed.

Guidance Notes for loading with warfarin for AF in the non acute setting

Slow loading regimen is used to ensure safe initiation of warfarin and reduce the risk of over anticoagulation and bleeding.

FBC, LFTs, U&Es, Coagulation screen should be taken prior to commencing oral anticoagulants. Any abnormality must be addressed and investigated accordingly. Warfarin should not be started if coagulation screen is abnormal until advice is obtained from a Consultant Haematologist.

Ensure the patient is aware of and consents to being prescribed warfarin, is aware of the risks and benefits and has been given written and verbal information about oral anticoagulants.

Initiating warfarin should be as follows –

- **1mg daily for 7 days unless younger than 65 then 2mg daily**
- **Test INR on day 7**
- **Day 7 INR should be via an appointment in either the anticoagulant clinic or postal INR**