

ANTICOAGULANT SERVICE

Guidelines for slow loading of patients on warfarin for Atrial Fibrillation (AF) in the non acute setting

Introduction

Fast loading of warfarin carries a risk of over anticoagulation in the initial stages of therapy. Current guidelines now recommend that a slow loading regimen should be used to initiate patients on oral anticoagulants for the indication of AF. Northumbria Healthcare NHS Foundation Trust recommends the use of slow loading via the procedure outlined below for loading of patients with AF in the non-acute setting.

The vast majority of patients will be able to be slow loaded via this method, however under certain circumstances e.g. up and coming cardioversion then the trusts rapid loading regimen may be used but the reason for this must be documented in the patient's notes.

Initiating treatment –

Patients must be aware of and consent to being prescribed warfarin, and informed of the risks and benefits of anticoagulant therapy. They should be given both written and verbal information about oral anticoagulants (every patient should be given a yellow 'Oral Anticoagulant Therapy – Important Information for Patients' pack).

Once the patient has agreed to commence warfarin the following baseline bloods should be taken prior to commencing oral anticoagulant therapy - FBC, LFTs, U&Es, Coagulation screen.

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. See also trust guidelines – 'Warfarin in adults – guidelines for the use of'

Ensure that all points on the starter checklist have been ticked YES (included below).

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 coincide with the patient's first visit to the anticoagulant clinic. Mark on the referral form under 'clinic and date to attend' which clinic and date the patient is happy to attend. A list of clinics is attached. Patients who are able to attend clinic, the pathway is summarised in flow chart 1 below.

If the patient cannot attend the clinic, this should be marked on the referral form as a 'postal doser' under 'clinic to attend'. It is the responsibility of the person initiating warfarin to arrange the first INR

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for the patient and ensure this for day 7 of treatment. Those patients unable to attend clinic, the pathway is summarised in flow chart 2 below.

Completed referral forms should be faxed to the relevant number as documented below. Once the fully completed referral form (copy included) has been received an appointment will be made in the clinic, and the patient contacted with the date and time of appointment. The anticoagulant team from Northumbria Healthcare NHS Foundation Trust will then take over the monitoring of the patient.

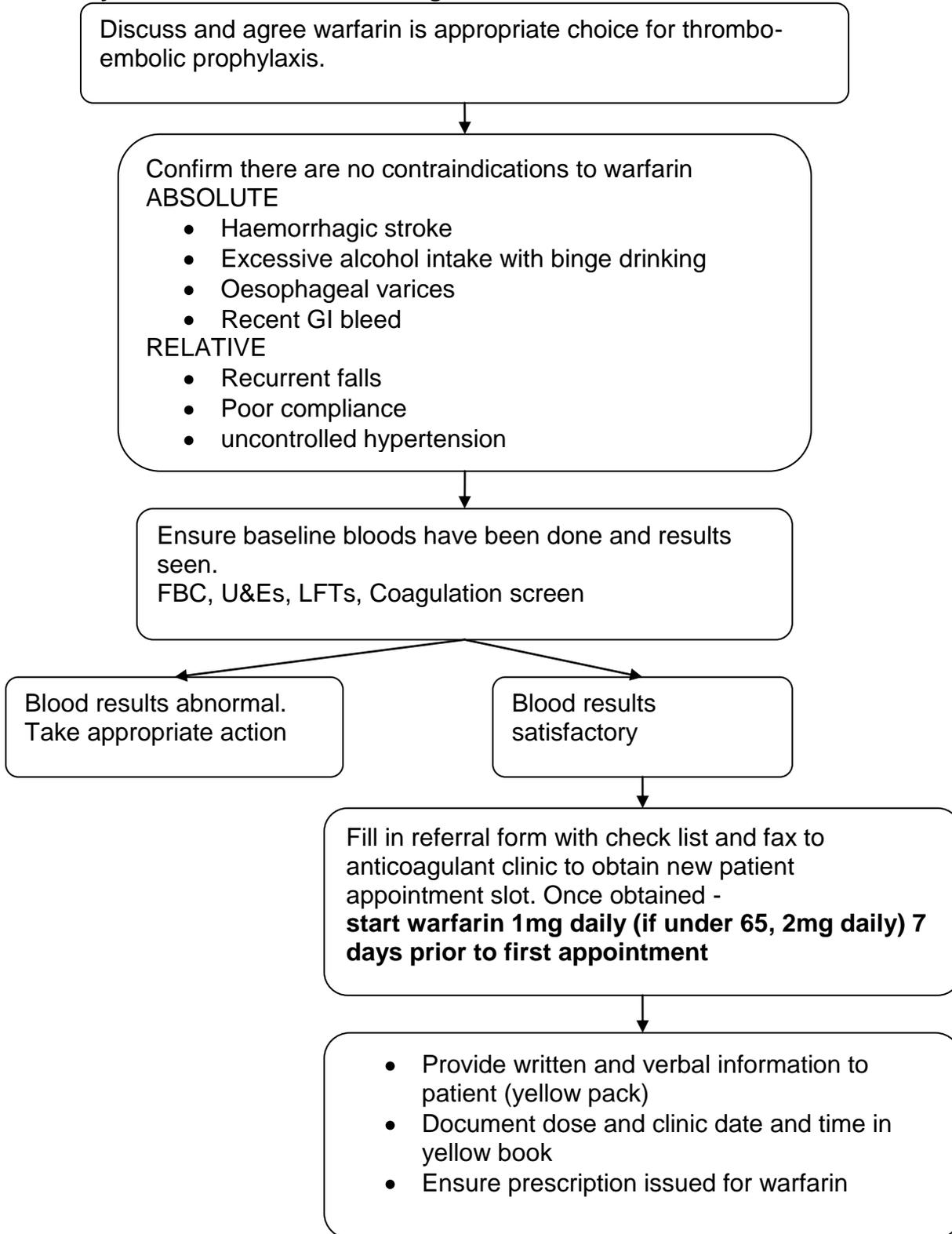
The patients INR and dose will be sent electronically to each practice after attendance at the clinic.

Summary flow charts are given below.

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1) SLOW LOADING REGIMEN FOR PATIENTS ABLE TO ATTEND CLINIC

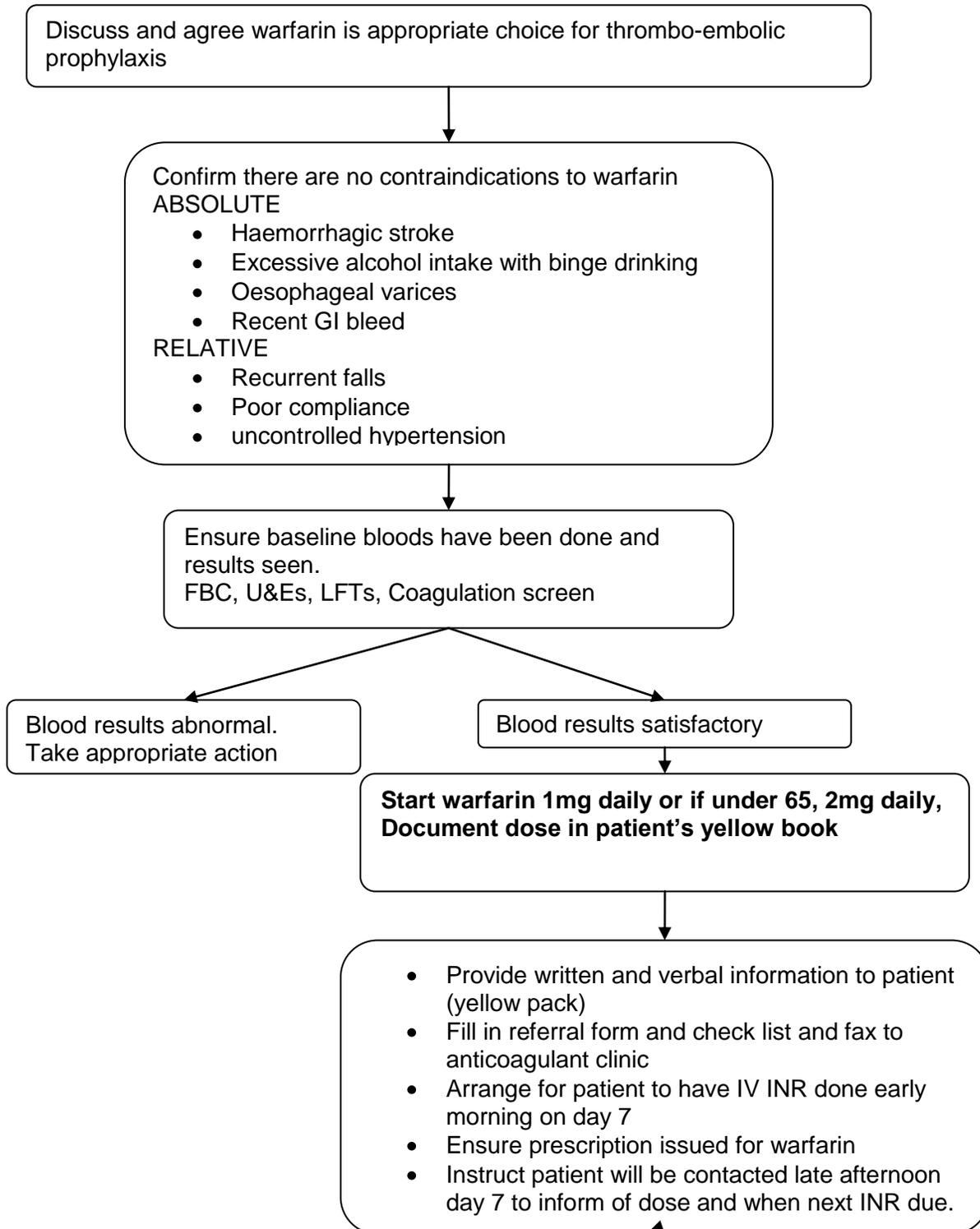
For use by GPs and Consultants wishing to commence warfarin for AF



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2) SLOW LOADING REGIMEN FOR PATIENTS UNABLE TO ATTEND CLINIC

For use by GPs and Consultants wishing to commence warfarin for AF



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Anticoagulant Service – AF slow loading checklist for new patients

Have you :		YES	NO
1	Satisfied yourself that warfarin is the best treatment option and have risked assessed the benefits versus the risks of anticoagulant therapy for the patient.		
2	Explained the benefits and risks of warfarin and that the patient agrees to commence treatment and have regular blood tests.		
3	Satisfied yourself that the patient does not require fast loading and can be slow loaded for AF in the community.		
4	Checked baselines bloods (FBC,LFTs,Coag, U&Es) and are normal before warfarin is commenced.		
5	Satisfied yourself that the patient or carer can accept advice on dosage and work out the correct tablets to take.		
6	Given the patient a yellow Anticoagulant Therapy pack and explained any necessary lifestyle changes i.e. diet, alcohol.		
7	Explained the need for punctual INR testing, and the use of the Anticoagulant Record Book.		
8	Reviewed existing medications for any NSAID use and advised/ prescribed alternatives where appropriate.		
9	Completed the outpatient referral form (including patients telephone number) and faxed to the anticoagulant clinic		
10	Ensured new appointment slot has been booked (unless to be postal dosed) for patient and the patient is aware of where and when their first INR check will be.		
11	Ensured the patient has been given a prescription for warfarin tablets.		
12	Recorded the starting dose of warfarin in the yellow anticoagulant record book		

Completed by _____ Date _____

Once completed fax a copy with the referral form to the anticoagulant clinic and then file in patients notes.

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Where to refer and clinic times

Referring to clinics in the North Tyneside vicinity

New starter clinics are held in the Outpatient Department, North Tyneside Hospital on Monday afternoon, Wednesday morning and Friday afternoon. First appointments will be one of these clinics and then the patient will be transferred to suitable clinic.

Contact Details:
Telephone 0191 2932755
Fax 0191 2932796

Referring to clinics in Northumberland / Hexham

Contact Details:
Telephone 01670 529739
Fax 01670 529751

Anticoagulant Clinics and times

The follow clinics are run from North Tyneside Hospital

Day	am	pm
Mon	Forrest Hall Health Centre 9.30am- 12noon Nelson Health Centre 9.30am-12noon	Hospital Outpatients Dept and Hospital New patient clinic 1.30pm-4pm
Tue	Hospital Outpatients Dept 9am-12noon	Wallsend Health Centre 2pm-4pm Monkseaton Health Centre 1.30pm-4pm
Wed	Hospital Outpatient Dept and Hospital New patient clinic 9am-12noon Shiremoor Health Centre(includes early morning appt) 8am-11am	Wallsend Health Centre 2pm-4pm
Thur	Nelson Health Centre 9.30am-12noon Monkseaton Health Centre 9.30am-12noon	Hospital Clinic – Pathology Department Evening Clinic – Pathology Department 2pm-6.30pm Whitley Bay Health Centre 1.30pm-4pm
Fri	Wallsend Health Centre 9.30am-12noon Shiremoor Health Centre 9.30am-12noon	Nelson Health Centre 1.30pm-3.30pm Hospital New Patient Clinic 1.20pm-3.30pm

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The following clinics are run from Wansbeck Hospital

Day	am	pm
Mon	Blyth Community Hospital 9am-11.30am	Rothbury Hospital 1.30pm-3.30pm Cramlington Health Centre 1.30pm-4pm
Tues	Wansbeck Hospital Outpatients Department 9am-11am	Wellway Surgery, Morpeth 1.30pm-4pm Alnwick Community Hospital 1.30pm-3.45pm
Wed	Amble Health Centre 9am-11.30am Berwick Community Hospital 9am-11.30am	Cramlington Health Centre 1.30pm-4pm Belford Health Centre* 1pm-3pm Widdrington Surgery 1.30pm-2.30pm
Thur	Wansbeck Hospital Outpatients Department 8am-11.30am	Bedlington Health Centre 1.30pm-4pm Newbiggin Health Centre 1.30pm-3.15pm
Fri	Blyth Community Hospital 9am-11.30am Guidepost Health Centre 9am-11.30am	Morpeth NHS Centre 1.30pm-4pm

*not on 3rd Wednesday of month

The following clinics are run from Hexham hospital

Day	am	pm
Mon	No Clinics	
Tues	Hexham Hospital Outpatients	No clinic
Wed	Corbridge Health Centre 9.30am-11am	Humshaugh Surgery 12.45pm-1.45pm Bellingham Practice 2.30pm-3.30pm
Thur	Oaklands Health Centre Prudhoe 9am-11.145am	Hexham Hospital Outpatients 1.30pm-3.30pm
Fri	No Clinics	No Clinics