

ANTICOAGULANT CLINIC REFERRAL FORM

FAX NO - (0118 322)8374 Telephone (0118 322)7366/8256/8493/8237/7450



Royal Berkshire
NHS Foundation Trust

Please complete this form fully for ALL patients on warfarin, whether new referrals to the clinic or existing clinic patients.

NB Baseline bloods (FBC, U&E, LFT, INR, APTR, Blood Group) to be taken and MUST be reviewed by the referring doctor prior to commencing anticoagulation. This form (both sides) MUST be faxed to ext 0118 322(8374), prior to posting to the clinic.

PLEASE NOTE- APPOINTMENTS made to the Anticoagulant Clinic will be cancelled unless this form is received fully completed before attendance

RESPONSIBILITY FOR ANTICOAGULATION RESTS WITH THE REFERRING TEAM UNTIL THE PATIENT IS SEEN IN THE CLINIC.

Surname.....Title.....
Forename.....M/F
DOB.....Hospital Number.....
Home Address.....
.....
.....Post Code.....
NHS Number.....

Patient's Telephone Number(s).....
.....
GP/Practice.....
.....
.....

HAS-BLED Scoring for BLEEDING RISK

Risk factor	Score	Present?
Hypertension (uncontrolled e.g. systolic > 160mmHg, unresponsive to anti-hypertensives)	1	
Abnormal liver functions (cirrhosis; bilirubin > 2x normal in association with AST/ALT/ALP > 3x normal)	1	
Abnormal renal function (dialysis, transplant, Cr > 200 micromole/l)	1	
Stroke (prior history)	1	
Bleeding (anaemia or predisposition to bleeding)	1	
Labile INR (refers to unstable INRs/ high INRs or poor time in therapeutic range (e.g. TTR <60%))	1	
Elderly (age ≥65yrs, frail)	1	
Drugs (usage predisposing to bleeding, e.g. anti-platelets, NSAIDs)	1	
Alcohol (consumption of 8 or more alcoholic drinks/week)	1	
TOTAL SCORE		

✓	CONDITION (Tick as appropriate)	INR RANGE (if appropriate)	DURATION (Guide)
	Arrhythmia		
	Atrial Fibrillation for cardioversion	2.0 – 3.0	Prior to cardioversion then review
	Atrial Fibrillation	2.0 – 3.0	Long term
	Atrial Fibrillation with TIA/CVA	2.0 – 3.0	Long term

CHA₂DS₂-VASc Score for ATRIAL FIBRILLATION

Risk Factor	Score	Present?
Congestive heart failure or LVD	1	
Hypertension	1	
Age 75 years or greater	2	
Age 65-74 years	1	
Diabetes mellitus	1	
Stroke, TIA or thromboembolism	2	
Vascular disease (prior MI, PAD, aortic plaque)	1	
Sex category female	1	
TOTAL SCORE		

✓	Venous Thromboembolic Disease (VTE)	INR RANGE (if appropriate)	DURATION (Guide)
	DVT (below knee)	2.0 – 3.0	3 months
	DVT (above knee)	2.0 – 3.0	6 months
	PE	2.0 – 3.0	6 months
	Recurrent VTE (whilst not on anticoagulant therapy)DVT or PE Please circle as appropriate	2.0 – 3.0	Long term
	Recurrent VTE (whilst on anticoagulant therapy)DVT or PE Please circle as appropriate	2.0 – 3.0	Long term
	Symptomatic Anti-Phospholipid Syndrome (APS)	3.0 – 4.0	Long term
	VTE Prophylaxis	2.0 – 3.0	6 weeks
	Heart Valve Disease/Replacements		
	Rheumatic MVD	2.0 – 3.0	Long term
	Mitral valve replacement (mechanical) (please specify range)	2.0 - 3.0 2.5 – 3.5	3.0 – 4.0
	Aortic valve replacement (mechanical) (please specify range)	2.0 - 3.0 2.5 – 3.5	3.0 – 4.0
	Bioprosthetic Valve	2.0 – 3.0	Maximum 6 months
	Cardiovascular/Cerebrovascular Disease	2.0 – 3.0	
	Recurrent TIA/CVA	2.0 – 3.0	Long term
	Cardiomyopathy	2.0 – 3.0	Long term
	Mural Thrombus	2.0 - 3.0	3 months
	Renal Condition		
	Nephrotic syndrome	2.0 – 3.0	Long term

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NB Any other clinical conditions, not listed are no longer indicated for anticoagulation according to BCSH guidelines. Please discuss with the Consultant Haematologist if your reason for referral does not comply with current guidelines. (British Committee for Standards in Haematology, Guidelines on Oral Anticoagulants guidelines 4th edition (2011) British Journal of Haematology)

Risks/Relevant Medical History (tick as applicable)

History of bleeding
 Liver Disease/Abnormal LFTS
 Underlying Malignancy (LMWH to be given if active cancer)
 Ulcerative GI disease (e.g. colitis, diverticulitis, Crohn's)
 Heart failure
 Diabetes
 Hypertension
 Renal impairment eGFR.....
 Abnormal U&Es
 History of peptic ulceration
 Partially sighted/Blindness
 Excess alcohol intake
 Communication problems, please specify

 NONE

Current Drug Therapy (include dosages)
 NONE or (attach copy of EDL)
 LMWH Name.....Dose.....

Is patient currently taking aspirin? Yes No
 If **yes**, should this continue whilst on
 anticoagulants? Yes No

New Referral **Existing patient being discharged**

ANTICOAGULANT TYPE

Vitamin K Antagonist Warfarin Nicoumalone
 Other (specify).....

Anticoagulant Start Date.....

Please list **ALL** prescribed doses and INRs

Date	INR	Dose (mgs)	Date	INR	Dose (mgs)

New to warfarin Yes (*) No
 *Counselling session to be booked phone (0118 322)7366/8256/8493
 Appointment Date.....Time.....
 Blood test only Date.....
 Please advise if an interpreter is required for the session

Referring Doctor.....Bleep No.....
 Discharging Nurse.....Date.....
Office use only Registered.....Checked.....

FENNERTY REGIMEN		
DAY	INR	WARFARIN DOSE (MG)
First * } Reduce loading dose if elderly,	<1.4	10
	<1.8	10
Second * } Abnormal LFTs or potentiating drug	1.8	1
	>1.8	0.5
Third	<2.0	10
	2.0 - 2.1	5
	2.2 - 2.3	4.5
	2.4 - 2.5	4
	2.6 - 2.7	3.5
	2.8 - 2.9	3
	3.0 - 3.1	2.5
	3.2 - 3.3	2
	3.4	1.5
	3.5	1
	3.6 - 3.7	0.5
	>4.0	0
	Fourth	PREDICTED MAINTENANCE DOSE
<1.4		>8
1.4		8
1.5		7.5
1.6 - 1.7		7
1.8		6.5
1.9		6
2.0 - 2.1		5.5
2.2 - 2.3		5
2.4 - 2.6		4.5
2.7 - 3.0		4
3.1 - 3.5		3.5
3.6 - 4.0		3
4.1 - 4.5		Miss out next day's dose then give 2mg
>4.5	Miss out next 2 day's dose then give 1mg	

** NB. Patients with Atrial Fibrillation/Flutter should be loaded on 3mgs daily (or 2mgs daily if frail) for 6 days and an appointment made for the Anticoagulant Clinic on day 7.