

Anticoagulation Referral Form (Plan of Care)

Patient Stamper

Patient information:

Home phone:	Cell phone:
Work phone:	Other contact number:

Patient is currently prescribed the following injectable anticoagulant(s) N/A

<input type="checkbox"/> Enoxaparin <input type="checkbox"/> Fondaparinux <input type="checkbox"/> Dalteparin <input type="checkbox"/> Unfractionated Heparin <input type="checkbox"/> Other anticoagulant: _____	
Dose:	Frequency:
Start date:	Planned stop date (or duration):

Your Name –OR- Name of Provider making anticoagulation management referral

Name	Contact Info	Service/Location

Primary Care Provider information

Name	Contact Info	Service/Location
		<input type="checkbox"/> UUHN Community Clinic* provider Refer to Redwood Anticoagulation Clinic (see contact info below) <input type="checkbox"/> UHC provider, non-Community Clinic Refer to UHC Thrombosis Center (see contact info below) <input type="checkbox"/> Other:

*UUHN Community Clinics: Centerville Health Center, Greenwood Health Center, Madsen Family Practice, Parkway Health Center, Redstone Health Center, Redwood Health Center, South Jordan Health Center, Sugar House Health Center, Stansbury Health Center, and Westridge Health Center.

Prescribed Follow-up INR Monitoring Information N/A

NEXT INR TO BE DONE ON (date):
Where will next INR be done (e.g. name of clinic, home health agency, lab location, etc):

Confirmed Provider Who Has Accepted Anticoagulation Management

**NOTED ON ATTACHED
WARFARIN FLOW SHEET**

Person/site to be managing patient's anticoagulation:	
<input type="checkbox"/> Redwood Anticoagulation Clinic <input type="checkbox"/> UHC Thrombosis Center <input type="checkbox"/> Other: _____	
Phone number for Anticoagulation Provider if other than UHC Thrombosis Center or Redwood Anticoagulation Clinic:	
Name of person you spoke to at follow-up site to arrange follow-up:	

You may request a Thrombosis MD consult for patients referred to UHC Thrombosis Center (to help clarify treatment duration or other issues). **Check here if you want an MD consult and list the reason for the consultation (provider must call for consult to clarify reason for request):**

Below Are The Steps Necessary For Completion of This Referral

Fax to Anticoagulation Provider whom you have confirmed will be accepting responsibility for anticoagulation management: <ol style="list-style-type: none"> 1. Copy of daily warfarin flow sheet 2. Copy of this referral form
Redwood Anticoagulation Clinic (if pt has UUHN Community Clinic provider) - Fax: 801-213-9160 ; Phone: 801-213-9150
UHC Thrombosis Center (if pt has UHC provider that is non-Community Clinic based) - Fax: 801-585-7978; Phone: 801-585-3713

FAXED BY: _____ **CONTACT #:** _____

If you need assistance completing this referral form please call: UHC Thrombosis Service: 1-800-783-3735 (24 hrs/7 days a week)

Patient Name: Date of Birth: Medical Record #:
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Plan of care for Thrombosis Service Anticoagulation Management:

Plan of Care Applies to: Patients referred to the University of Utah Health Care Thrombosis Service for Anticoagulation Management to include referrals to the following:

- ❖ University Healthcare Inpatient Thrombosis Service
- ❖ University of Utah Thrombosis Center
- ❖ Redwood Anticoagulation Clinic
- ❖ Huntsman Cancer Center Anticoagulation Management Service (AMS)

Definition(s): Thrombosis Specialist: A non-physician health care practitioner (e.g. pharmacist or nurse) trained in anticoagulation management.

Therapeutic Goal:

- ❖ To achieve and maintain the patient's coagulation test results in the range set by the patient's primary provider, referring provider, and/or the American College of Chest Physicians (ACCP) current guidelines.
- ❖ The initial dosage and expected duration of therapy will be determined by the referring provider or the inpatient anticoagulation service and will be consistent with institutional protocols or documented on the referral form.
- ❖ If the referring provider prefers an anticoagulation range that does not agree with the current ACCP recommendations or institutional protocols, the case will be reviewed and approved by the medical director of the Thrombosis Service.

Lab Order:

- ❖ PT/INR to be drawn daily or more or less frequently based on the results of this test.

The thrombosis specialist will:

- ❖ Manage all aspects of the patient's anticoagulation therapy in collaboration with the referring or primary care provider (PCP) and the Thrombosis Service medical director(s).
- ❖ Initiate, adjust, or renew orders for the patient's anticoagulation therapy as appropriate, per established guidelines, to include the following:
 - Medications:
 - Warfarin
 - Unfractionated heparin (UFH)
 - Low molecular weight heparins
 - Fondaparinux
 - Argatroban
 - Other antithrombotic agents
 - Antiplatelet agents
 - Vitamin K
 - Labs:
 - PT/INR, PTT
 - Anti-Xa levels
 - CBC
 - Urinalysis (UA)
 - BMP
 - Stool guaiac
 - HCG
- ❖ Educate each patient on the safe and appropriate use of antithrombotic medications,
- ❖ Address each patient's coagulation test result, assess the efficacy of treatment, and determine if therapeutic goals have been achieved. All coagulation test results will be evaluated.
 - Identify and assess the patient for variables that affect therapy and evaluate each individual result with respect to treatment goals.
 - Adjust the anticoagulant dose as needed when the therapeutic goals of treatment are not being met.
 - Consult the referring or primary care provider and/or the Thrombosis Service medical director(s) for all coagulation test results significantly out of range as per protocol.
 - Educate the patient/caregiver on therapeutic results, any dose changes, and any anticoagulation issues as determined per thrombosis specialist.
 - Order and assign a date/time for the next coagulation test.
 - During initiation and if the patient's coagulation test results are unstable (not at steady state), the patient will be followed at a minimum of once to twice weekly or as needed to ensure patient safety.
 - The monitoring interval will be increased at one-week intervals, as coagulation becomes more stable.
 - Patients who have stable anticoagulation may be followed every four to six weeks.
 - Tests greatly out of range may require physician consultation and/or more frequent monitoring.
- ❖ Assess all drug-related problems and communicate findings (except for minor problems) to the referring or primary care provider such that the patient receives appropriate medical attention.
 - If the PCP or the referring provider cannot be reached in a reasonable amount of time, the medical director of the Thrombosis Service will be consulted or
 - The patient will be sent to the nearest appropriate care facility.
 - All adverse drug reactions (ADRs) or drug errors will be reported per the UHC protocol.
- ❖ Manage any clinically significant drug interactions and contact the physician as needed.
- ❖ Document all patient visits or contacts in the patient's medical record.
- ❖ Continue to monitor the patient's coagulation tests until the patient's physician discontinues anticoagulant therapy or until the patient is discharged from the Thrombosis Service by other means.
- ❖ Review with the referring or primary care provider any unexpected questions or complications which arise during the patient's interaction with the Thrombosis Service.
- ❖ Direct outpatients with emergent medical issues to call 911 or go to the nearest emergency room.

This plan of care must be renewed no less than annually after consultation with the referring or primary care provider.

Provider Signature:	Provider Name (Print):	Date:
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