ESSENTIAL PHARMACY
6525 Malden Rd. LaSalle ON N9H 1T5
P: 519.970.9359 F: 519.970.9195

# ANTICOAGULATION CLINIC REFERRAL FORM

| PATIENT INFORMATION | |
|---|---|
| **NAME** | |
| **DATE OF BIRTH** | |
| **HEALTH CARD NUMBER** | |
| **ADDRESS** | |
| **PHONE NUMBER** | |

## INDICATION FOR ANTICOAGULATION - ✓ THAT WHICH APPLIES

| ✓ | INDICATION | TARGET INR | DURATION | PRESCRIBER CHANGES |
|---|---|---|---|---|
| | **Atrial Fibrillation** | 2.5 (2.0-3.0) | Lifelong | |
| | **VTE (DVT/PE)** | | | |
| | First Event/Known Cause | 2.5 (2.0-3.0) | 3 Months | |
| | First Event/Idiopathic | 2.5 (2.0-3.0) | 6 Months | |
| | Recurrent | 2.5 (2.0-3.0) | 1 Year - Life | |
| | **Valve Replacement** | | | |
| | Mechanical MVR | 3.0 (2.5-3.5) | Lifelong | |
| | Bioprosthetic MVR | 2.5 (2.0-3.0) | 3 Months | |
| | Mechanical AVR | 2.5 (2.0-3.0) | Lifelong | |
| | Bioprosthetic AVR | 2.5 (2.0-3.0) | 3 Months | |
| | **Myocardial Infarction** | 2.5 (2.0-3.0) | 3 Months | |
| | **Cardiomyopathy** | 2.5 (2.0-3.0) | Lifelong | |
| | **Other Indications:** | | | |

****PLEASE PROVIDE ALL RELEVANT WARFARIN DOSING, INR RESULTS, LABS, AND ANY LMWH BRIDGING INSTRUCTIONS, IF NEEDED**

| OTHER MEDICAL CONDITIONS | OTHER MEDICATIONS |
|---|---|
| | |

| REFERRING PRACTITIONER INFORMATION | |
|---|---|
| **NAME & LICENCE #** | |
| **PHONE NUMBER** | |
| **DATE** | |
| **SIGNATURE** | |

By my signature, I acknowledge that I have received, read, understand, and agree to the terms and procedures outlined on the attached page titled “Anticoagulation Clinic Management Directive”. Version 3.0, updated October 2016.

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# ANTICOAGULATION CLINIC MANAGEMENT DIRECTIVE

By completing and signing the attached form titled "Anticoagulation Clinic Referral Form", the referring physician(s), nurse practitioner(s), and/or authorizer(s), herein known as the referring practitioner, agree to and fully accept the following terms and procedures:

1) No appointment will be made in the anticoagulation clinic unless the referral form is completed in full. Responsibility for anticoagulation rests with the referring practitioner until the patient has been seen in the clinic.

2) The pharmacists at Essential Pharmacy are working under the supervision and delegation of the referring practitioner.

3) The referring practitioner is still responsible for the healthcare of their patient.

4) The pharmacists at Essential Pharmacy are authorized to carry out point-of-care based INR testing, which includes:
    a. Lancing the patient's finger in order to collect the required sample of blood for testing
    b. Using the Roche CoaguChek XS point-of-care INR machine to carry out the test

5) The pharmacists at Essential Pharmacy are authorized to initiate, hold, modify and/or discontinue medications used for the treatment of the patient's thrombotic condition(s). These agents include:
    a. warfarin, tinzaparin, enoxaparin, dalteparin, fondaparinux, dabigatran, rivaroxaban, apixaban, ASA, clopidogrel, ticagrelor and prasugrel.

6) The pharmacists at Essential Pharmacy are granted prescriptive authority, under the name and licence of the referring practitioner, for the agents listed above in term 5.

7) The dose of warfarin will be based on the patient's INR, indication for therapy, INR target range, co-morbid conditions, concomitant medications, and nutritional status.

8) Initiation, modification, and/or discontinuation of the medications listed in term 5, with the exception of warfarin, will be determined in conjunction with the referring practitioner and no action will be taken without the approval of the referring practitioner. The dosing of these medications will be determined on the basis of the patient's height, weight, renal and hepatic function, and indication for therapy.

9) All clinical decisions will be determined using the most current edition of the American College of Chest Physicians Evidence-Based Clinical Practice Guidelines (CHEST Guidelines), the most current and widely accepted medical literature, and sound clinical judgement.

10) Referring practitioners will receive a faxed copy of the patient's dosing/treatment flow sheet approximately every 5-10 visits, unless there is a serious medical issue that needs to be brought to referring practitioner's attention immediately.

11) Consent for this service is assumed upon signing of the referral form and making the initial appointment with the pharmacists at Essential Pharmacy. Consent may be withdrawn at any time.

12) Hospital Discharge Referrals are only valid for a maximum of one month. Further authorization to continue with this service must be provided by the patient's primary healthcare provider.