



UR No: \_\_\_\_\_

Family Name: \_\_\_\_\_

Given Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex M F I

- Exclusion Criteria**
- Known or suspected hypersensitivity to warfarin or enoxaparin (unless under the governance of a consultant Haematologist or thrombosis clinic)
  - Uncontrolled Hypertension
  - Patient able to self-administer Enoxaparin
  - Pregnancy

- REFERRAL CRITERIA**
- Patient consents to program
  - Lives within 50km of hospital
  - Adequate social support
  - Safe environment for both patient and staff
  - Over 12 yrs. And not under care of Paediatrician

**REFERRER'S DETAILS**

Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ hrs

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Designation: \_\_\_\_\_ Provider No. \_\_\_\_\_ Contact no: \_\_\_\_\_

Name of Consultant/Registrar case discussed with: \_\_\_\_\_

Current obs: BP      Pulse      Sats      Temp      RR      Time Taken:

**REASON FOR REFERRAL**      **PAST MEDICAL HISTORY**

<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p><i>Include list of current medications</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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**MEDICAL TREATMENT PLAN**

<b>Recommended Enoxaparin Dose:</b>	Patient Target INR range:	Current INR
Renal function	Treatment dose	
Normal renal function CrCl > 30mL/min	<ul style="list-style-type: none"> <li>1.5 mg/kg SC daily* ** or</li> <li>1 mg/kg SC BD</li> </ul>	
Severe renal impairment CrCl < 30mL/min	<ul style="list-style-type: none"> <li>1 mg/kg SC daily</li> </ul>	
<p>* Twice-daily dosing of enoxaparin is preferred for patients at high risk of bleeding or of thrombus extension, such as patients who are older, obese or have a malignancy.</p> <p>**If dose required is greater than 150mg, dose must be given as twice daily dose.</p>		

**Recommended warfarin nomogram**

Day	INR	Suggested Dose
1	1.0 – 1.4	5mg
2 and 3	Below 1.8 Above or equal 1.8	5mg 1mg

- Ensure first dose tolerated in hospital or clinic
- Post HIYH discharge script completed if required
- Medication chart completed for HIYH
- HIYH Nurse contacted and patient interviewed by HIYH



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**HiYH NURSE TO COMPLETE ON DAY OF PATIENT DISCHARGE**

Date of Discharge: \_\_\_\_\_ Discharge Time: \_\_\_\_\_ Hrs

- INR level within required therapeutic range for 48 hours
- Patient feeling systemically well
- Discharge prescription given to patient and patient educated on dose instructions
- Patient has follow-up with GP for 2 days post discharge from HiYH
- Patient has adequate oral anticoagulant medication to take required dose until appointment with GP.

**DISCHARGING CLINICIAN DETAILS**

Discharge Nurse Name: \_\_\_\_\_

Discharge Nurse Signature: \_\_\_\_\_ Date: ..... / ..... / .....

Name of MO Consulted With: \_\_\_\_\_

References:  
eTG complete 2008. Therapeutic Guidelines limited.  
[Online]. November 2008[2009 Aug 06]; Available from:  
URL:  
<http://etg.tg.com.au.rplibresources.health.wa.gov.au/ip/>