

Physician to Complete

Date: _____

Patient Name: _____

Anticipated Date of First Anticoagulation Clinic Visit: _____

Note: Anticoagulation Clinic is closed weekends and holidays

Reason for Anticoagulation: _____

Target INR Range: _____ (see recommended ranges on reverse side of this form)

Anticipated Duration of Anticoagulation: _____

Complicating Factors / Other Diagnosis: _____

Referring MD: _____

Follow-up Physician: _____

Office Fax Number to send patient information: _____

Ordered Frequency of PT/INR Test and Clinic Visit: Following each clinic visit, dosage change and/or evaluation by pharmacist. Or, alternate lab test schedule: _____

IF THIS IS AN OUT PATIENT OFFICE REFERRAL, PLEASE ATTACH MOST RECENT HISTORY AND PHYSICAL AND OFFICE ANTICOAGULATION FLOW SHEET

PLEASE COMPLETE THE FOLLOWING INFORMATION

Patient's Home Telephone Number: _____

Address: _____

Date of Birth: _____

Physician Signature*

Date and Time

*Signature indicates provider's order for evaluation and management of anticoagulation therapy by Evergreen Hospital Medical Center Anticoagulation Clinic, assignment of benefits for anticoagulation management to Evergreen Healthcare and authorization for the use of Washington State Board of Pharmacy approved collaborative management agreement.

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ANTICOAGULATION CLINIC Phone: (425) 899-2783 Fax: (425) 899-2784
Please fax completed referral forms to the Anticoagulation Clinic

For Inpatient Referrals, HUC or RN to contact the Anticoagulation Clinic at 425-899-2783 or Fax 425-899-2784



ANTICOAGULATION CLINIC
REFERRAL and PATIENT-SPECIFIC TREATMENT PLAN

FORM ID RX 268

Approved: 12/07
Item ID 19730
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OPTIMAL THERAPEUTIC RANGE FOR ORAL ANTICOAGULATANTS (ADULTS)

From the Seventh ACCP Consensus Conference on Antithrombotic Therapy (Chest 126/Number 3, supplement, September 2004)

Indication

Target INR Range

I. Atrial Fibrillation

A. In valvular heart disease	2.0-3.0 (indefinite)
B. AF, atrial flutter or PAF w/ age < 65 & no other risk factors	Aspirin 325mg daily
B. AF, atrial flutter or PAF if age 65-75 & no other risk factors	2.0-3.0 (indefinite) or Aspirin 325mg daily
C. AF, atrial flutter, or PAF age > 75 or with other risk factors	2.0-3.0 (indefinite)
D. Pre-cardioversion (for Afib >48 hours)	2.0-3.0 (3 weeks)
E. Post cardioversion	2.0-3.0 (4 weeks)
F. AF following cardiac surgery (>48h)	2.0-3.0 (for several weeks following reversion to NSR)

II. Ischemic Stroke

A. Atrial fibrillation w/stroke or TIA	2.0-3.0 (indefinite)
B. Cerebral venous sinus thrombosis	2.0-3.0 (3-6 months following treatment in acute phase with heparin or low molecular weight heparin)

III. Myocardial Infarction

A. Post MI (if close monitoring is available)	2.0-3.0 (up to 4 years) + Aspirin
B. High risk patients with MI with thromboembolic risk(s) (Heart Failure, intracardiac thrombus, hx of thromboembolism)	2.0-3.0 (3 months) + Aspirin 100mg daily

IV. Thromboembolism (DVT, PE)

A. 1 st episode DVT/PE with transient risk factor	2.0-3.0 (at least 3 months)
B. 1 st episode idiopathic DVT/PE or with thrombophilia	2.0-3.0 (at least 6-12 months)
C. Recurrent DVT/PE	2.0-3.0 (indefinite)
D. Prevention of VTE post THR or hip fracture surgery	2.0-3.0 (28-35 days)
E. Prevention of VTE post TKA	2.0-3.0 (at least 10 days)

V. Valvular Disease

A. Mitral Annular Calcification	
1. With associated systemic embolism	2.0-3.0 (indefinite)
B. Mitral Valve Prolapse	
1. With system embolism or TIAs despite ASA	2.0-3.0 (indefinite)
C. Rheumatic Mitral Valve Disease	
1. With atrial fibrillation or hx of systemic embolism	2.0-3.0 (indefinite)
2. Post embolic event despite anticoagulation	2.0-3.0 (indefinite) plus Aspirin 75-100mg daily
3. NSR with left atrial diameter > 5.5cm	2.0-3.0 (indefinite)
D. Mitral Valvuloplasty	2.0-3.0 (3 weeks prior and 4 weeks post)

VI. Valve Replacement

A. St. Jude bileaflet mechanical valve – aortic position	2.0-3.0 (indefinite)
B. Tilting disk and bileaflet mechanical valve – mitral position	2.5-3.5 (indefinite)
C. CarboMedics bileaflet or Medtronic tilting disk valve – aortic position with no other risk factors.	2.0-3.0 (indefinite)
D. Mechanical valve with additional risk factors or systemic embolism	2.5-3.5 (indefinite) + Aspirin 75-100mg daily
E. Caged ball or caged disk mechanical valve	2.5-3.5 (indefinite) + Aspirin 75-100mg daily
F. Bioprosthetic valve – mitral position	2.0-3.0 (3 months)
G. Bioprosthetic valve – aortic position	2.0-3.0 (3 months) or Aspirin 80-100mg daily
H. Bioprosthetic valve with history of systemic embolism	2.0-3.0 (3-12 months)
I. Bioprosthetic valve with atrial fibrillation	2.0-3.0 (indefinite)

Please contact a pharmacist at the Anticoagulation Clinic or refer to the Chest supplement for indications or disease states not listed.

 **EvergreenHealth** Kirkland, WA 98034

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