|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Patient name:**  Hospital/NHS-number: DOB:  Address:  Telephone: | | **GP Name**:  GP Address:  E-mail: | | | |
| **Provide current weight and recent blood results (FBC, clotting screen, U&Es, LFTs – no older than 4 weeks!)**  *Referrals cannot be considered without this information and will be rejected. If the referral is urgent please ensure relevant blood tests have been requested so that results are available when the patient is seen in the anticoagulant clinic.* | | | | | |
| **Already on Warfarin** □ **Other VKA…………...**  **Give recent dosing information**:  Date INR Dose    .............. ......... .............  .............. ......... .............  .............. ......... .............  **Already on DOAC** □ **Date started** .........................  **DOAC**............................**Dose**......................Freq..........  **On LMWH** □ wt………….. **Date started** ....................  **LMWH**...........................**Dose**.....................Freq.......... | **Warfarin1 OR DOAC** | | **Guidance** | |  |
| **INR1** | **Duration2** |
| Non-valvular atrial fibrillation/flutter | | 2-3 | indefinite | □ |
| 1st episode of pulmonary embolus | | 2-3 | at least 3 months2 | □ |
| 1st episode of proximal DVT (includes popliteal DVT) | | 2-3 | at least 3  months2 | □ |
| 1st episode of calf vein thrombosis | | 2-3 | at least 6 weeks2 | □ |
| Recurrent VTE off anticoagulation | | 2-3 | indefinite | □ |
| DC-cardioversion or urgent ablation | | 2-3 | Cardiologist to advise2 | □ |
| Antiphospholipid syndrome with first DVT or PE | | 2-3 | Haematologist to advise2 | □ |
| **2Length of anticoagulation as advised by Specialist:** | Other: | |  |  |  |
| **Additional information to aid choice of anticoagulant** *(e.g. cognitive impairment, need for adherence aid, reduced mobility, frequent travel, patient preference, advised by specialist . Please advise patient that decision will be made on clinical grounds)* | **Warfarin1 ONLY (not exhaustive)** | | **INR1** | **Duration** |  |
| Recurrent VTE whilst anticoagulated in therapeutic range | | 3-4 | indefinite | □ |
| Antiphospholipid syndrome with arterial events | | Haematologist to advise2 | | □ |
| Valvular atrial fibrillation/ mural thrombosis / cardiomyopaty | | 2-3 | Cardiologist to advise2 | □ |
| **Concurrent use of antiplatelet agents**:  Aspirin Y / N – continue Y / N If yes give reason:  Clopidogrel Y/N – continue Y/N If yes give reason:  Other: – continue Y/N If yes give reason: | Bileaflet or new generation tilting disc – aortic valve (without additional risk factors) 3 | | 2-3 | indefinite | □ |
| Older generation aortic valve or additional thromboembolic risk factors 3 | | 2.5-3.5 | indefinite | □ |
| Bioprosthesis in mitral position or any bioprosthetic valve with history of systemic embolisation, or prothrombotic state 3 | | 2-3 | 3 months or longer2 | □ |
| Bileaflet / tilting disk mitral valve 3 | | 2.5-3.5 | indefinite | □ |
| Caged ball or caged disk – aortic or mitral 3 | | 3-4 | indefinite | □ |
| Other: | |  |  | □ |
| **Current Medication**: | | | | | |
| **Medical History**: | | | | | |
| **Name of referring consultant/hospital/GP:** **Referral completed by** *(please print):* **Date**: | | | | | |

**Please send referral to the nearest anticoagulation clinic**

1 INR range only applies to patients on warfarin. The INR does not accurately reflect anticoagulant

effect in patients on DOACs.

2Clearly specify length of anticoagulation or request specialist advice regarding length of

anticoagulation separately.

3 INR range for valves provided as guidance. Please follow cardiologist advice if different range.

**Anticoagulation Clinic Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Clinic** | **Email** | **Phone** | **Fax** |
| Barnet | [RF-TR.BH-anticoagulationFAX@nhs.net](mailto:RF-TR.BH-anticoagulationFAX@nhs.net) | 020 3758 2018/5330 | 020 8216 4216 |
| North Middlesex | [northmid.anticoag1@nhs.net](mailto:northmid.anticoag1@nhs.net) | 020 8887 3471 | 020 8807 9644 |
| Royal Free London | [Rfh.acc@nhs.net](mailto:Rfh.acc@nhs.net) | 020 7794 0500 x38384 | 020 7830 2228 |
| UCLH | [uclh.referrals.anticoag@nhs.net](mailto:uclh.referrals.anticoag@nhs.net) | 020 3447 5222 | 020 3447 2167 |
| Whittington | [Whh-tr.anticoagulation@nhs.net](mailto:Whh-tr.anticoagulation@nhs.net) | 020 7288 3516/5390 | 020 7288 5878 |

|  |  |  |  |
| --- | --- | --- | --- |
| **CHA2DS2Vasc** | **Score** | **HASBLED** | **Score** |
| **C**ongestive heart failure/LV dysfunct. | 1 | Hypertension (uncontrolled, > 160 mmHg systolic) | 1 |
| **H**ypertension | 1 | Chronic liver disease or Bili 2xULN with AST/ALT/ALP 3x ULN | 1 |
| **A**ge ≥ 75 | 2 | Abnormal renal function (creatinine ≥200 umol/L, renal transplant or chronic dialysis) | 1 |
| **D**iabetes mellitus | 1 | Stroke | 1 |
| **S**troke/TIA/systemic arterial embolism | 2 | History of major bleeding\* or predisposition | 1 |
| **Vasc**ular disease (prev. MI, peripheral arterial disease, aortic plaque) | 1 | Labile INRs, time in range less than 60% | 1 |
| **A**ge 65 -74 | 1 | Elderly (age ≥ 65 or frail condition) | 1 |
| Sex (male 0, female 1) | F 1 | Drugs (concomitant antiplatelet, NSAIDs etc) or alcohol abuse (1 point each) | 1 or 2 |
| **Total score** *(maximum score 9)* |  | **Total score** *(maximum score 9)* |  |



\*Bleeding requiring hospitalisation and/or causing decrease in Hb >20 g/L and/or requiring ≥2 unit blood transfusion