



Warfarin monitoring

Warfarin is an anticoagulant which prevents harmful blood clots forming in your blood vessels. You should have already been given a Yellow Book which explains warfarin in more detail.

Why do I need to have regular blood tests?

Every patient is different in their response to warfarin. Regular blood tests are needed to check the clotting in your blood. If the dose is too high, you are at increased risk of bleeding and if the dose is too low you are at an increased risk of developing a clot.

What is the name of the blood test used to monitor the effect of warfarin?

The international normalised ratio (INR) is a measure of how long it takes your blood to clot. The longer it takes your blood to clot, the higher your INR. Your INR will be used to determine the dose of warfarin you need to take.

How do I know what dose of warfarin to take when I am discharged from hospital?

The prescriber will write the doses you should take each day on the Anticoagulation Referral form which you will be given when you go home.

How do I know when I need to have a blood test following discharge from hospital?

The prescriber who has reviewed your blood tests will decide when you need to attend for another blood test and will write this on the Anticoagulation Referral form which you will be given when you go home.

Who will monitor my warfarin once I leave hospital?

The Anticoagulation Monitoring Service (AMS) or your GP will take over the monitoring of your warfarin. Ensure you are clear before you leave hospital who will be responsible for monitoring your warfarin after discharge.

Where will I have my blood sample taken?

If your warfarin is being monitored by your GP you will need to contact your surgery to book an appointment for a blood test. If your warfarin is being monitored by the AMS you can attend the phlebotomy service on any hospital site in the morning that your blood test is due. You do not need to make an appointment for this service. You can also attend your GP surgery for a blood test on the morning your blood test is due but you will need to book this in the normal way with your GP practice.

How will I know what dose to take after my blood test?

Most GP surgeries will enter the details of your doses in your yellow dosing book. You will need to check with your GP practice how this is done.


For patients whose dosing is being done by the AMS the details will be posted out. You will receive a separate information leaflet explaining how to use the dosing letter.

You should continue to take your warfarin as you have been until you receive the new dosing schedule from the AMS.

If you have not received a new dosing schedule within three days of your blood test ring the AMS Tel: 01302 642880.

If you are a new patient to the AMS you should contact them between 3.00 and 4.00pm on the afternoon after your blood test so you can be advised of the dose of warfarin you should take until your dosing letter arrives.

Pharmacy

 Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust ANTICOAGULATION REFERRAL FORM		ATIS LABEL HERE IF AVAILABLE NHS Number: _____ District Number: _____ Surname: _____ Forename(s): _____ Address: _____ D.O.B.: _____																					
DBH Referral to Primary Care Provider or DBH Anticoagulation Monitoring Service for Anticoagulation Management, Including resumption of therapy. <i>For patients on warfarin, acenocoumarol (Sintrome); these are known as vitamin K antagonists (VKAs).</i>																							
All sections MUST be fully completed or responsibility for anticoagulation dosing will remain with discharging ward/medical team.																							
1) The discharging medical team must cover the patient's anticoagulation dosing for up to 1 week to allow the patient to attend for their blood test, as advised below.																							
2) The discharging team should give a copy of this Referral Form to the patient before they leave the clinical area.																							
3) The discharging team must file a copy of this Referral Form in the patient's notes.																							
4) Patient must take this form to their GP/hospital blood testing when they attend to have blood taken for their INR test.																							
5) Discharging medical team must fax form to Primary Care provider or DBH Anticoagulation Monitoring Service (01302 642963). (If patient already anticoagulated pre-admission fax to usual monitoring service).																							
Referring Consultant: _____																							
Referring ward/OPD clinic: _____		Site: <input type="checkbox"/> DRI <input type="checkbox"/> BDGH <input type="checkbox"/> MMH																					
Telephone number: _____		Fax number: _____																					
Patients GP details (at discharge from hospital)		GP Surgery: _____																					
GP Name: _____																							
Discharge destination: Is the patient being discharged to their home address? <input type="checkbox"/> Yes <input type="checkbox"/> No																							
If another address, please specify: _____ Patient's Tel. No. _____																							
Alternative contact for patients with communication difficulties e.g. pharmacist/relative: _____																							
Name (please print): _____		Tel. No: _____																					
Reason for hospital admission (this episode): _____																							
Reason for anticoagulation:																							
Target INR: <input type="checkbox"/> 2.5 (2.0-3.0) <input type="checkbox"/> 3.0 (2.5-3.5) <input type="checkbox"/> 3.5 (3.0-4.0) <input type="checkbox"/> Other: _____																							
Duration: <input type="checkbox"/> 6 weeks <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> Long term <input type="checkbox"/> Other: _____																							
Patient prescribed LMWH on discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes date started: _____																							
LMWH should be continued for at least five days until the INR is 2 for at least 24 hours, whichever is the longer.																							
Discharge Dose																							
<table border="1"><thead><tr><th>DATE</th><th>Mon</th><th>Tue</th><th>Wed</th><th>Thurs</th><th>Fri</th><th>Sat</th><th>Sun</th></tr></thead><tbody><tr><td>Dose (mg & number & colour of tablets)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>	DATE	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Dose (mg & number & colour of tablets)														
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WPR4 1041
New 2015
WHITE/YELLOW

To Primary Care Provider or DBH Anticoagulation Monitoring Service:

We are discharging this patient and request that you resume monitoring their anticoagulation therapy. We have advised the patient to attend for a blood test on: _____ (date).

Signature: _____ Print name: _____

Designation: _____ Date: _____ Time: _____

This information in this fax is confidential and for the addressee only. It may contain legally privileged information. The contents are not to be disclosed to anyone other than the addressee. If you are not the intended recipient you must prevent this confidentially and advise the sender immediately by telephone, returning the original fax to us by post, without copying, distorting it or taking action relying on the contents of the information as this may be unlawful.

Top copy - White. Please fax to GP/AMS. Then file in patient casenote. Bottom copy - Yellow. Please give to patient

In the event of an urgent change in your dose the AMS will contact you on the afternoon of the blood test.

Please ensure you have provided the AMS with a telephone number by which you can be contacted on the day of your test.

How will I know when to attend for future blood tests?

Most GP surgeries will enter the details of the date of your next blood test in your yellow dosing book. You will need to check with your GP practice how this is done. If you are using the AMS this will be on your dosing letter.

Example only - These are not YOUR dosing details Previous INR's and doses

1 Tear off edges of envelope

2 Open as shown to see your dose

3 Please remove this section and send to the Anticoagulation Monitoring Service with your blood sample

DOMCASTER AND BASSETLAW HOSPITALS NHS FOUNDATION TRUST - ORAL ANTICOAGULATION SERVICE
HELP LINE 01302 553176 MONDAY-FRIDAY 9.00am - 5.00pm

Mr Joseph Bloggs

Anticoagulant Name: Warfarin
Reason for Anticoagulation: DVT
Duration of Treatment: Long term
Therapeutic Range: 2.5 - 4.5

Date	INR	Average Daily Dose
01-Jan-2015	1.9	2.46
10-Dec-2014	3.2	2.71
04-Dec-2014	4.9	2.50
28-Nov-2014	3.4	2.27
14-Nov-2014	2.5	2.27

Take your dose as follows

MISS 2 DAYS then

Warfarin	Tue	Wed	Thu	Fri	Sat	Sun	Mon
Brown 1mg tablets	1		1				1
Blue 3mg tablets	1	1	1			1	1
Total dose in milligrams	4.0	3.0	4.0	4.0	4.0	3.0	4.0

Next blood test due
Tuesday 20 December 2015

Special Instructions
MISS 2 DAYS then
Day of week
Tue

Your Warfarin dose
Tablets of each sort to take per day

Warfarin	Tue
Brown 1mg tablets	1
Blue 3mg tablets	1
Total dose in milligrams	4.0

Total Daily Dose

Please take the letter when you visit the pharmacist with your prescription

Mr Joseph Bloggs
1 The Main Street, Small Village, Doncaster
NHS No: 123 456 7890
Hospital No: D123456
D.O.B: 01/02/1934
Tel No: 01302 123456
GP: Dr John Sijghit - S123
The Surgery, Long Lane, Doncaster - C86000

Sample taken by:
Date:
Time:

SINCE YOUR LAST TEST (please tick) YES NO

- HAVE YOU TAKEN THE RECOMMENDED DOSES? YES NO
- HAVE YOU CHANGED ANY OTHER MEDICATION? YES NO
- HAVE YOU BEEN IN HOSPITAL RECENTLY? YES NO
- HAS YOUR ADDRESS OR TELEPHONE CHANGED? YES NO

ARE YOU UNAVAILABLE ON ANY DATES? * YES NO

HAVE YOU A PLANNED OPERATION / PROCEDURE? YES NO

If YES to any of the above, please give details overleaf or below

* For example, are you going on holiday?

Lab use ONLY

Please answer all the questions before you have your next blood sample taken

Who needs to know I take warfarin?

Anyone who is involved in delivering your healthcare needs to be aware you are on warfarin including your dentist and pharmacist. You will be given an anticoagulant alert card which you should carry with you at all times.

Where do I find out what else I need to know about warfarin?

Most of the important information about warfarin is included in your Yellow Book. If you require any further advice once you leave hospital you can ask your own GP or your local Pharmacist.

We also have a Medicines Information helpline which you can ring Monday to Friday between 2.00 and 4.00pm on Tel: **01302 644327**.

Before leaving hospital

When you leave hospital you should have:

- A yellow book (Oral Anticoagulant Therapy-important information for patients)
- An Anticoagulation Alert Card
- A copy of the Anticoagulation Referral form
- Been informed what dose of warfarin to take each day after leaving hospital
- Been informed when your next blood test is to be taken and where to go to have this taken.

If you do not have all of this then you must let your nurse know before you leave who will ensure you have all this information.



Patient Experience Team

The team are available to help with any concerns/complaints you may have about your experience at the Trust. Their office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person, by telephone or email.

The contact details are:

Telephone: 01302 642764 or 0800 028 8059. Email: dbth.pals.dbh@nhs.net

Pharmacy
