



**NEWTON-WELLESLEY
HOSPITAL**

2014 Washington St.
Newton, Ma 02462

Name:
DOB:
MR #:

**Cardiovascular Health Center
Anticoagulation Service
617-243-6147/ fax 617-243-5221**

email: nwhanticoagnurses@partners.org

Anticoagulation Clinic Referral Form (Initial referral, and for annual renewal)

NOTE: This form must be completely filled out by the ATTENDING PHYSICIAN (PCP or specialist who will be taking care of the patient as an outpatient). A temporary referral can be sent by the hospitalist to enroll patients in the clinic at the time of discharge, with a subsequent referral sent by the outpatient attending physician.

Patient Status:
<input type="checkbox"/> Patient new start on Coumadin <input type="checkbox"/> Patient already on Coumadin
Is patient currently on enoxaparin (Lovenox)? Yes No
Does the patient require bridging for procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No (Bridging recommended for all high risk patients and for moderate risk patients if prolonged time off anticoagulation, or if the procedure has an increased risk of thrombosis and/or prolonged immobilization – see table below.)
Subtherapeutic INRs: Does the patient require enoxaparin (or other parenteral agents) if the INR is below a certain value? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the INR threshold for starting enoxaparin: INR < _____

Indication for anticoagulation:	INR Range:
<input type="checkbox"/> Treatment of thromboembolism (VTE)	<input type="checkbox"/> INR 2.0 - 3.0
<input type="checkbox"/> Atrial Fibrillation	
<input type="checkbox"/> Stroke	
<input type="checkbox"/> Left ventricular dysfunction	
<input type="checkbox"/> Valvular Heart Disease	
<input type="checkbox"/> Myocardial Infarction	
<input type="checkbox"/> Tissue Valve prosthesis	
<input type="checkbox"/> Mechanical heart valve	<input type="checkbox"/> INR 2.5 - 3.5
<input type="checkbox"/> Other _____	<input type="checkbox"/> INR _____

- **For non-urgent outpatients: the attending physicians MUST manage the patient’s warfarin dose until the patient is admitted to the Anticoagulation clinic. For discharged inpatients and new thromboembolic events (treated as urgent clinic admissions), the clinic will assume anticoagulation management the next working day after hospital discharge or clinic referral (Mon-Fri).**
- **The attending physician will be notified for INRs > 5.0 or significant bleeding symptoms. All other INRs outside therapeutic range will be managed as per clinic guidelines without notification of the referring physician.**
- **CBC will be done for all new referrals to the clinic if not done in the last 3 months and then on a yearly basis if not available in NWH computer.**

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Perioperative thromboembolism risk:

Risk category	Mechanical heart valves	Atrial Fibrillation	VTE (DVT/PE)
High (>10%/y risk of arterial event or >10%/mo risk of VTE)	<ul style="list-style-type: none"> Any mechanical mitral valve Cage-ball or tilting disc valve in mitral or aortic position Recent (<6 mos) stroke or TIA 	<ul style="list-style-type: none"> CHADS₂ score of 5 or 6 Recent (<3 mos) stroke or TIA Rheumatic valvular disease 	<ul style="list-style-type: none"> Recent (<3 mos) VTE Severe thrombophilia Protein C, S or antithrombin deficiency Antiphospholipid (anticardiolipin) antibodies
Intermediate (4-10%/y risk of arterial event or 4-10%/mo risk of VTE)	<ul style="list-style-type: none"> Bileaflet AVR with major risk factors for stroke (afib, prior stroke or TIA, hypertension, DM, CHF or age >75) 	<ul style="list-style-type: none"> CHADS₂ score of 3 or 4 	<ul style="list-style-type: none"> VTE within the last 3-12 months Recurrent VTE Non-severe thrombophilia (e.g. Factor V Leiden) Active cancer
Low (<4%/y of arterial event or <2%/mo risk of VTE)	<ul style="list-style-type: none"> Bileaflet AVR without major risk factors for stroke 	<ul style="list-style-type: none"> CHADS₂ score of 0-2 	<ul style="list-style-type: none"> VTE > 12 months ago

(NOTE: Full NWH bridging guidelines can be found on the NWH Intranet under Clinical Resources → Anticoagulation Resources → NWH Anticoagulation Clinic Bridging Protocol)

Duration of anticoagulation: 3 months 6 months Indefinite Other

If other, please note duration and reason _____

<p>Current Warfarin dose: Sun ____ Mon ____ Tues ____ Wed ____ Thur ____ Fri ____ Sat ____</p> <p>Or, if on same dose each day: _____ mg daily</p>

INR/PT TESTING FREQUENCY AS BELOW:

PT/INR up to 3/week for initial titration. Will change to weekly INR, then every 2 weeks, then 1x/month if INRs remain in range, then as needed for an out of range value. Above frequency will be used unless option below is checked.

Please perform INR/PT testing in accordance with the following frequency and duration:

MD Print Name: _____

MD Signature: _____ Date: _____