

****Patients must bring ALL MEDICATION CONTAINERS to first appointment.****

novacare
PHARMACY



Anticoagulation Service Referral

www.novacare.ca

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(in Walker Plaza)

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Patient Information and Relevant Details

Name: _____

DOB: _____

HCN: _____

Address: _____

Phone Number: _____

Medical Conditions: _____

Other Medications: _____

Current Warfarin Dosing:

Date	INR	Dose

LMWH Dosing _____

Recent Labs:

Date	HgB/Hct	Plts	BUN/Cr

Bridge patient with: Innohep/Lovenox/Fragmin
_____ units/mg daily/bid until:

- a) therapeutic INR x 2 days (minimum 5 days overlap)
b) other _____

Anticoagulation Strategy (MD to circle or write in)

☐ Hospital Discharge Authorization - 1 month maximum. Further authorization by outpatient physician only.

☐ Ambulatory Care Authorization - Authorization extends for the treatment duration indicated below.

Indication	INR Target	Duration	Alternative INR Target & Duration
DVT/PE	2-3	3 months	
First event/reversible cause		6 months	
First event/idiopathic		12 months - Life	
First event with cancer, or hypercoagulable state		12 months - Life	
Recurrent DVT/PE		Life	
Atrial Fibrillation		Life	
Cardiomyopathy		Life	
Acute Myocardial Infarction	2.5-3.5 2-3 2.0-3.0 2-3	3 months	
Vascular Reconstruction		Life	
Valve Replacement		Life	
MVR - mechanical		3 months	
MVR - bioprosthetic	2-3	Life	
AVR - mechanical	2.0-3.0	Life	
AVR - bioprosthetic	2-3	3 months	
Other:			
Other:			

<-The chart provides options for warfarin therapy based on the suggestions made by the writers of the CHEST guidelines for antithrombotic therapy. CHEST 2012; 141(2 Suppl).

For subtherapeutic INRs bridge with LMWH?
YES * NO
at INR < ____.

Notes: _____

Physician Information

Name/License Number: _____

Fax Number: _____

Phone Number: _____ Ext: _____

Signature _____

Addressograph

By my signature, I understand that my patient will be dosed on Warfarin and/or LMWH by the clinical pharmacist at Novacare Pharmacy, according to established policies and procedures. In addition, I grant prescriptive authority for these agents. The clinical pharmacist may schedule appropriate laboratory draws and anticoagulation visits according to the patient's need within the guidelines of Novacare Pharmacy policies and procedures. Additionally, I delegate to the pharmacist the responsibility of lancing my patient's finger for the purpose of collecting the required aliquot of blood for POC INR testing. The referring physician is still responsible for the patient. The clinical pharmacists are working under the supervision/delegation of the referring physician. By my signature, I also require/authorize that the pharmacist carry out a comprehensive medication review (AKA MedsCheck and Follow-up MedsCheck) and evaluation/management (aka Clinical Consults) with each patient visit in order to optimize patient safety and prevent/avoid drug interactions, as stipulated in Novacare Pharmacy's Anticoagulation Policies and Procedures.