

Please SIGN at the bottom of PAGE 2 to initiate the directive.

Title: Anticoagulation Management Directive

Number: ACG1601

Activation Date: June 01, 2016

Review due by: Victor Boran, PharmD.

**Sponsoring/Contact Person(s)**

(name, position, contact particulars):

Victor Boran, Pharm.D.  
Clinical Pharmacist/Owner  
Bellwood Pharmacy  
14-900 Oxford St E  
London, ON  
P: 519-457-6026  
F: 519-457-6027

Order and/or Delegated Procedure:	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Title: Bellwood Pharmacy Anticoagulation Practice Referral Form
<p>Victor Boran and pharmacists at Bellwood Pharmacy are authorized to initiate, stop adjust, and modify medications for management of said patients anti-thrombotic management. These agents include warfarin, tinzaparin, enoxaparin, dalteparin, fondaprinex, and dabigatran.</p>	
<p>Victor Boran and pharmacists at Bellwood Pharmacy are authorized to carry out point-of-care based INR testing. Victor Boran and pharmacists at Bellwood Pharmacy are authorized to order the following laboratory tests by venous draw if and when required (PT/INR, BUN/Cr, Hgb/Hct, liver function tests and liver enzymes, anti-Xa levels (for purpose of LMWH monitoring).</p>	
<p>Dose of warfarin will be based on patient's INR, disease states, target range, nutritional status and concomitant medication.</p>	
<p>Initiation or cessation of LMWHs and dabigatran will be determined in conjunction with the referring physician. Dosing of these agents will be based on patient's height, weight, renal function, hepatic function and indication for anticoagulation.</p>	
<p>Goals for therapy and types of therapies that can be implemented/modified will be noted on the referral form for each patient. (see attached referral form)</p>	
Recipient Patients:	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Title:
<p>This medical directive applies to patients referred to Bellwood Pharmacy for anticoagulation management services. Patients must be willing to receive clinical services from the pharmacists at Bellwood Pharmacy, and fill medications at Bellwood Pharmacy in order for this directive to apply. Adverse outcomes are more common when medications are managed by multiple pharmacies.</p>	
Authorized Implementers:	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Title:
<p>The authorized implementers for this directive are Bellwood Pharmacy and any pharmacists at Bellwood Pharmacy that Mr. Boran assesses as competent to provide these services.</p>	
Indications:	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Title:

This directive is indicated in patients referred by a physician for anticoagulation management services.

**Contraindications:**

Any patient refusing this model of care or consent for these services.

**Consent:**

Appendix Attached:  Yes  No Title:

Consent for services is gathered through a consent form signed at the first visit. Consent may be withdrawn at any time.

**Guidelines for Implementing the Order / Procedure:**

Appendix Attached:  Yes  No Title: Novacare Pharmacy Outpatient Anticoagulation Protocol for Provision of Care

Victor Boran and any other pharmacists at Bellwood Pharmacy will use the American Society of Chest Physician Guidelines (Chest Guidelines), the Bellwood Pharmacy Outpatient Anticoagulation Protocol for Provision of Care, sound clinical judgment and the most current literature and standards of practice for anticoagulation management services.

**Documentation and Communication:**

Appendix Attached:  Yes  No Title:

A progress note and MedsCheck will be faxed/delivered to the referring physician with each patient visit. This note will contain the pharmacist's recommendation for anticoagulation management, and an updated MedsCheck for the physician's records. If no corrections are received they are considered to be reviewed and accepted. The physician will have the option to be contacted by phone regarding INRs that are substantially out of range, or where bridging with LMWH may be required if he or she desires as such.

**Review and Quality Monitoring Guidelines:**

Appendix Attached:  Yes  No Title:

Referring physicians will periodically review patient outcomes and identify any quality/care issues associated with the medical directive and patients receiving care via the directive. Any quality issues will be communicated to Victor Boran.

A quarterly report detailing the following will be prepared and posted on the pharmacy website for open review:

- percent of INR's in range
- percent of INR greater than 6 or less than 1.5
- thrombotic episode
- bleeding episodes

**Administrative Approvals (as applicable):**

Appendix Attached:  Yes  No Title:

None required

**Approving Physician(s)/Authorizer(s):**

Appendix Attached:  Yes  No Title: