



14B-900 Oxford St E
London, ON N5Y5A1

MEDICAL DIRECTIVE
For: Anticoagulation Management
Number: ACG 007
Activation Date: Jun 1, 2016
Next Review Date: Jun 1, 2019

Sponsoring/Contact Person(s):
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Order and/or Delegated Procedure		
<p>Pharmacist implementer(s) will:</p> <ol style="list-style-type: none"> 1) Obtain an INR result using the CoaguChek XS point-of-care device from a blood sample collected by lancing the patient's finger. 2) Complete a MedsCheck Review of the patient's diet and medications for possible complicating factors. 3) Prescribe a warfarin regimen based on the INR and MedsCheck results in accordance with Appendix B and the target set in Appendix A. 4) Contact the physician for collaboration as instructed by Appendix A. 5) Coordinate terminations of the directive to ensure continuity of care is maintained. 	<p>Physicians will:</p> <ol style="list-style-type: none"> 1) Collaborate with the pharmacist according to their selections in in Appendix A. 	<p>Patient/Recipient Consent:</p> <ol style="list-style-type: none"> 1) Provide verbal consent for the service when notified by the referring party. 2) Provide written consent for the service after the risks and benefits are discussed with the pharmacist implementer(s). 3) Bring the actual medications and natural health products that are currently being consumed to the visits if they are not obtained from Bellwood Pharmacy for the MedsCheck(s). 4) Have the option to terminate their participation in receiving the service outlined in this directive at any time.
<p>Appendix attached: Appendix A – Patient Referral Sheet e-Appendix: Appendix B – Bellwood Pharmacy Anticoagulation Guidelines (www.bellwoodrx.ca/acg)</p>		

<p>Authorized Implementers: Victor Boran and other pharmacists who have completed the <i>Management of Oral Anticoagulation</i> program through the University of Waterloo Faculty of Pharmacy, and have applied Appendix B under the supervision of an authorized implementer to diverse clinical situations.</p> <p>Administrative Approvals (as applicable): None required.</p>	<p>Recipient Patients: Patients referred to Bellwood Pharmacy for anticoagulation management services outlined in Appendix A.</p>	<p>Indications: Receiving anticoagulation for: -Mechanical prosthetic valves -Atrial fibrillation -Valvular heart disease -Treatment and prophylaxis of venous thrombosis -Treatment of pulmonary embolism -Prevention of systemic embolism -Recent bioprosthetic heart valve -Prophylaxis of recurrent MI -Other conditions (e.g. coagulopathies) -Bridging for procedures</p> <p>Contraindications: -Active bleeding -Pregnancy, and within 2 weeks of vaginal delivery</p>
<p>Review and Quality Monitoring Guidelines:</p> <ol style="list-style-type: none"> 1) Annual reporting of time in therapeutic range (Rosendaal method), bleeding episodes, and thrombotic episodes. 2) All authorized implementers have completed the self-directed test in Appendix C. 	<p>Guidelines for Implementing the Order/Procedure: Implementation as per Appendix B.</p>	<p>Documentation and Communication:</p> <ol style="list-style-type: none"> 1) Physicians elect to receive a one page anticoagulation progress note written by the authorized implementer(s) instead of the government mandated multi-page MedsCheck Review documentation. 2) Authorized implementers will keep detailed electronic records of all encounters at Bellwood Pharmacy. 3) The patient will receive a dosing sheet / bridging calendar at each visit.
<p>e-Appendix: Appendix C – Anticoagulation Test (www.bellwoodrx.ca/test)</p>		
<p>Approving Physician(s)/Authorizer(s): Physicians who have read the directive and signed Appendix A.</p>		

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



Patient Referral Sheet

Appendix A 900 Oxford St E, Unit 14B P 519.457.6026
 www.bellwoodrx.com (in Bellwood Plaza) Fax 519.457.6027

Patient Information and Anticoagulation History

Name: _____
 DOB: _____
 HCN: _____
 Address: _____
 Phone Number: _____
 Family Doctor: _____
 eGFR / Creatinine Clearance: _____
 (IF low) HgB/Hct: _____ (IF low) Platelets: _____
 Medical Conditions: _____

Warfarin Dosing Previously?

Date	Dose	INR

LMWH Administered?

Date	Dose

Save time--may fax full INR record

Physician's Care Plan (write or circle in table)

- 1** Hospital Discharge Directive (30 day authorization)
 Ambulatory Care Directive (unlimited length authorization)

2 Current Indication: _____
 INR Target: _____
 Duration of Therapy: _____

3 For low INR, bridge with LMWH? Yes / No
 If Yes, at INR < _____

***** IF bridging for upcoming procedure:
 Type: _____
 Date: _____
 Time: _____

Additional Notes: _____

Table For Reference As Needed

This table 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).

Indication	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	3 months	
Vascular Reconstruction	Life	
Valve Replacement		
MVR - mechanical	2.5-3.5	Life
MVR - bioprosthetic	2-3	3 months
AVR - mechanical	2.0-3.0	Life
AVR - bioprosthetic	2-3	3 months

For some valve replacements bridging for low INRs is favoured due to high risk for clotting on valve. (esp. Mech. Mitral Valve).

Referring Physician Information

Name/License Number: _____
 Fax Number: _____ - _____
 Phone Number: _____ - _____ Ext: _____
 Signature _____

OR Sticker / Stamp Here

By my signature, I understand that my patient will be dosed on Warfarin and/or LMWH by the clinical pharmacist at Bellwood 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 Bellwood 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 Bellwood Pharmacy's Anticoagulation Policies and Procedures.