

**STAFFORDSHIRE THROMBOSIS AND ANTICOAGULATION CENTRE (STAC)
PATIENT SPECIFIC DIRECTION FOR DALTEPARIN (LMWH)
FOR PATIENTS WITH VENOUS THROMBO-EMBOLISM (VTE)/MECHANICAL HEART VALVES**

Patient Details				Referrer Details	
Surname				Name	
Forename(s)				Position	
Unit Number				Telephone/Bleep	
Date of Birth				Location/Department	
Address/Contact number				GP Name and Address	
M/F		Ethnicity		GP Telephone	

Bloods	Results	Date taken	Bloods	Results	Date taken
Haemoglobin			Potassium		
Platelets			Urea		
INR			Creatinine/ eGFR		
PTT			ALT ALP GGT Bili		
D-Dimer					
Sodium					

INDICATION FOR DALTEPARIN (LMWH)

Patient actual body weight.....Kg

1. Please administer Dalteparin (Fragmin)units S/C O.D starting from until
(as per BNF or see guidance page3) start date

..... **OR until INR in therapeutic range on warfarin.**
end date

2. Please also supply Dalteparin (Fragmin) TTOunits S/C O.D fordays (max 10 days) to be administered by patient/district nurse

Please identify patients who need platelet count monitoring for Heparin Induced Thrombocytopenia (see below)

- i Patient has received Unfractionated heparin recently (within the last 100 days) **YES/NO** (please circle)
- ii Patient is post cardiac surgery and has received LMWH **YES/NO** (please circle)

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Patient Name:	Unit Number:	Date of Birth
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Exclusion Criteria

Patients with:

- Allergy to heparin/Low molecular weight heparin (LMWH) or any excipients or history of Heparin Induced Thrombocytopenia, peptic ulcer, recent stroke, septic endocarditis, uncontrolled hypertension, severe liver disease, severe renal impairment eGFR <30, oesophageal varices, major trauma and recent neurosurgery, ear or eye surgery
- Patients on long-term oral anticoagulant therapy with no history of recurrent/recent venous thromboembolism (VTE).
- Patients on new oral anticoagulants such as Rivaroxaban, Apixaban and Dabigatran
- Local or regional anaesthesia.
- Planned surgery/invasive procedure in the next 24 hours.
- Haemophilia or bleeding disorder.
- High risk of bleeding or Patients with altered baseline clotting or lesions liable to bleed
- Extremes of body weight: weight <40kg or >130kg
- Thrombocytopenia, platelet count <100x10⁹/L or patients likely to have fluctuating platelet counts
- Patients requiring Dalteparin administered to them twice daily or where long term treatment (over 10 days) with Dalteparin is warranted (e.g. patients with cancer)

By completing the referral form and signing below, you agree and confirm the following:

1. I will be clinically responsible for the anticoagulation of my patient.
- 2.The patient is aware of the indication, benefits and side effects of this treatment and does not have any contraindications for anticoagulation. **I have read the exclusion criteria above and none of these apply to this patient.**
- 3.I agree to be contacted in the event of any complication of LMWH treatment.
- 4.I agree that the patient is supplied and administered with LMWH until the INR has reached the therapeutic range for two consecutive days or if the INR becomes sub-therapeutic within the first 6 weeks of VTE or in the case of mechanical valves whenever the INR falls sub-therapeutic.

Signature.....Name (please print).....
 (Consultant/GP/Registrar/Non-medical prescriber only to sign)

Date.....

Please complete pages 1 and 2 of this form and send via FAX or as attachment to secure Email

FAX No: 08442448577 (9.00am-4.30pm, Mon-Fri) All requests received will be acknowledged within 24hrs

Email: anticoagulation.uhns@nhs.net

Tel: 01782 674252

Additional copies of this form can be obtained from

<http://www.uhns.nhs.uk/OurServices/ClinicalServices/AZofClinicalServices/Anticoagulantmanagement/service.aspx>

INCOMPLETE REFERRALS WILL NOT BE ACCEPTED

**ANTICOAGULANT MANAGEMENT SERVICE
 PATIENT SPECIFIC DIRECTION FOR DALTEPARIN (LMWH)
 FOR PATIENTS WITH VENOUS THROMBO-EMBOLISM (VTE)/MECHANICAL HEART VALVES**

This guidance is advisory NOT mandatory and is for use in patients with venous thromboembolism

ALWAYS weigh patient – do NOT guess the body weight or rely on patient’s own estimate

Body Weight	Dose of SC dalteparin
40 – 45 kgs	7,500 units daily
46 – 56 kgs	10,000 units daily
57 – 68 kgs	12,500 units daily
69 – 82 kgs	15,000 units daily
83 – 130 kgs	18,000 units daily

For further information, suggestions, feedback and complaints please contact

**The Manager
 Staffordshire Thrombosis and Anticoagulation Centre (STAC)
 University Hospital of North Midlands
 The Royal Stoke
 West Buildings
 Newcastle Road
 ST4 6QG**

**Email: anticoagulation.uhns@nhs.net
 Tel: 01782 674252**

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