

Title: Anticoagulation Management Directive

Number: Anticoag1

Activation Date: February 18, 2009

Review due by: Peter Dumo, Pharm.D.

Sponsoring/Contact Person(s)

(name, position, contact particulars):

Peter Dumo, Pharm.D.
Clinical Pharmacist/Manager
Novacare Pharmacy
1275 Walker Rd
Windsor, ON
519-946-0303

Order and/or Delegated Procedure:	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Title: Novacare Pharmacy Anticoagulation Practice Referral Form
<p>Peter Dumo and pharmacists at Novacare 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, fondaparinux, and dabigatran.</p> <p>Peter Dumo and pharmacists at Novacare Pharmacy are authorized to carry out point-of-care based INR testing. Peter Dumo and pharmacists at Novacare 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 Novacare Pharmacy for anticoagulation management services. Patients must be willing to receive clinical services from the pharmacists at Novacare Pharmacy in order for this directive to apply.</p>		
Authorized Implementers:	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Title:
<p>The authorized implementers for this directive are Peter Dumo and any pharmacist at Novacare Pharmacy that Mr. Dumo 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 assumed upon making initial appointment with Novacare Pharmacy staff. 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

Peter Dumo and any other pharamcists at Novacare Pharmacy will use the Amercian Society of Chest Physician Guidelines (Chest Guidelines), the Novacare Pharmacy Outpatient Anticoagulation Protocol for Provision of Care, sound clinical judgement and the most current literature and standards of practice for anticoagulation management services.

Documentation and Communication:

Appendix Attached: Yes No Title:

A progress note will be faxed/delivered to the referring physician with each patient visit. An abbreviated note/fax may be sent to accompany any over-the-phone titration/management.

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 Peter Dumo.

The Medical Director for this service will receive a quarterly report detailing:

- 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: