SCOPE: Western Australia

RED Unsuitable for community admission to HATH. Refer to ED/ Inpatient management. (May become suitable for HATH after inpatient stabilisation).	• Co-existing medical conditions requiring hospital admission. • Known or suspected hypersensitivity to warfarin or enoxaparin (unless under the governance of a consultant haematologist or thrombosis clinic at a tertiary centre. • Pregnancy
ORANGE Requires discussion with Medical Governor and/or Haematologist prior to acceptance.	Conditions that may increase the risk of bleeding: • History of familial bleeding disorders • Peptic ulcer disease • Increased risk of falls • Thrombocytopenia • Uncontrolled hypertension
GREEN Accepted for HATH protocol.	• Clients requiring re-warfarinisation for sub-therapeutic INR. • Client's medical condition has been assessed as stable, has a clear diagnosis/prognosis and is at low risk of deterioration. • Over 13 years, suitable for adult dosing and not under the care of a Paediatrician.

ASSESSMENT

- Check indication for warfarin therapy
- Check target INR
- Check current INR
- Check warfarin dose given to date (including the brand)
- Check client's usual warfarin dose
- Confirm client not on any other oral anticoagulants
- Check weight

PATHOLOGY WORK UP

Verify if any recent pathology has been ordered prior to requesting the below:

- Baseline blood tests:
- Full blood picture (FBP) for baseline platelet counts
- Urea & electrolytes to assess renal function
- Coagulation profile (INR, APTT, fibrinogen)
- Liver function tests.
- Day 5, repeat FBP to assess platelet count for heparin induced thrombocytopenia.

Calculate creatinine clearance using Cockcroft – Gault equation.

GENERAL MANAGEMENT

- Access blood results from referral source.
- Obtain last INR and Warfarin dose from referral source.
- Collaborate with medical governance doctor regarding any abnormal test results.
- Daily nursing assessment as per Re-warfarinisation Care Pathway.
- If client is post-surgical procedure, commence enoxaparin 24 hours post-procedure. The client's usual warfarin dose can be taken on the evening post surgery.
- Monitor INR daily (utilising Coagucheck) and liaise with medical governance doctor for dosing of warfarin (*If INR reading >3.5, formal blood test is required for confirmation).
- Administer enoxaparin sodium as per medical authority.
- Enoxaparin sodium should be continued until INR is within therapeutic range for 24 hours (can be discontinued on 2nd day of INR in therapeutic range).
- Advise client regarding warfarin use, including its potential complications and interactions with diet and alcohol as per *Living with Warfarin* booklet.

TREATMENT

Recommended warfarin dose

- Liaise with medical governance regarding warfarin dose.

Suggested INR target range

Targer INR	Conditions
2.0 – 3.0	• DVT prevention in high risk clients, eg hip or knee surgery • DVT or PE therapy • Preventing systemic embolization: AF, valvular disease, post MI, post op bio prosthetic heart valve.
2.5 – 3.5	• Bileaflet mechanical heart valve (aortic)
3.0 – 4.5	• Mechanical prosthetic valve (high risk)

Recommended enoxaparin dose*

Renal function	Treatment dose
Normal renal function CrCl > 30mL/min	• 1.5 mg/kg SC daily** or • 1 mg/kg SC BD
Severe renal impairment CrCl < 30mL/min	• 1 mg/kg SC daily
* Twice-daily dosing of enoxaparin is preferred for patients at high risk of bleeding or thrombosis, such as patients who are older, obese or have a malignancy. **If dose required is greater than 150mg, dose must be given as twice daily dose.	

MEDICAL GOVERNANCE

- The client has access to medical governance support for 24 hours per day, 7 days per week.
- Primary medical governance can be by referring medical specialists, credentialed referring GPs or by Silver Chain medical staff.
- When governance is retained by a Silver Chain medical officer the client will have a medical review within 48 hours of admission and the medical officer will determine when the scheduled follow up and discharge will occur.
- Where the primary medical governor is unavailable the Silver Chain medical officer can provide the medical governance.
- Care delivery is planned and provided in consultation with the client, medical officer/specialist holding medical governance and nursing staff.
- In the instance when a client's condition deteriorates the Silver Chain medical officer or nursing staff will confer with an emergency department medical officer.
- A summary of the episode of care is sent to the referrer or the client's GP at discharge.

FOLLOW UP

- Ensure the client has an appointment arranged with own General Practitioner (GP) or previous warfarin service is re-instated prior to discharge to ensure continuity of care.
- Fax protocol with client discharge summary to GP.