

Warfarin Care Clinic



Warfarin Registration: Information for Doctors

A guide to the warfarin monitoring service offered by Dorevitch Pathology. Patients can be registered with the Warfarin Care Clinic by phone, by using our PDF form at dorevitch.com.au, or by completing the attached registration form.

OPERATING HOURS

The Warfarin Care Clinic registration service operates 8.00am to 5.00pm, Monday to Friday, closed on Saturday. The registration service is closed for a few weeks over the Christmas, New Year, and Easter periods.

CONTACT DETAILS

Phone: (03) 9244 0200 Fax: (03) 9244 0431
Email: warfarin@dorevitch.com.au

REGISTRATION

The Dorevitch Pathology Warfarin Care Clinic is performed by Dorevitch Pathology to assist you in caring for your patients who are on warfarin. To ensure we can safely monitor your patient we require that you supply us with a complete medical history at the time of registration, and that you inform us of any changes as they occur in the future. This is particularly important for those patients who are unable to manage their own health.

Registration in our Warfarin Care program is contingent upon all parties – doctor, patient, and laboratory – understanding and accepting their roles and responsibilities as outlined below.

PRE-OPERATIVE WARFARIN MANAGEMENT

The Dorevitch Pathology Warfarin Care Clinic does NOT automatically adjust warfarin in the pre-operative period. The treating physician or surgeon must forewarn the clinic and provide instructions in respect to their management plan. If help is needed in formulating a plan then Dorevitch Pathology's haematologists are happy to consult.

HOSPITAL ADMISSIONS AND DISCHARGES

Once a patient is admitted into hospital, the warfarin monitoring service is discontinued. Prior to or once discharged, the patient will need to be reinstated on the warfarin monitoring program by the discharging hospital or their referring doctor. Short stay or minor procedures may be exempt from this process.

Patients who have been prescribed LMWH MUST remain under the care of the hospital or be referred to their doctor for care. Dorevitch Pathology will not begin control until the patient has ceased LMWH and INR is in the therapeutic range unless under a private specialist.

COMPLIANCE

Once registered, patients must be compliant with the instructions of the Warfarin Care Clinic. The patient will be expected to keep Dorevitch Pathology informed of any changes - especially contact details. Habitually non-compliant patients (those who fail to test when requested or who self dose), and patients who abuse Dorevitch Pathology staff will be discharged from the Clinic after their clinician has been informed.

HOME VISIT

A house call service is available for those patients who are clinically house bound. Dorevitch Pathology reserves the right to review requirements for home visits on a patient by patient basis.

FEES – REGISTRATION AND ANNUAL

The Dorevitch Pathology Warfarin Care Clinic is not funded by Medicare or any other funding source, and in order for Dorevitch Pathology to continue to provide this service, new and re-registering patients will receive a registration fee at the time of their first INR test. These initial charges will contribute towards their Medicare Safety Net.

An annual fee will be charged on the 1st of November of each year.

Nursing home residents are exempt from these fees and concessions fees do apply. Holders of a valid DVA card will not receive an account, Dorevitch Pathology will bill the DVA directly for eligible DVA card holders.

Please refer to the Informed Financial Consent or visit the website for clarification of these fees. The signed Financial Consent must be received at the same time of the registration request to confirm the patients acceptance and knowledge of the cost to them.

>>> CONTINUED OVERLEAF

ROLES AND RESPONSIBILITIES

WARFARIN CARE CLINIC:	PATIENT'S DOCTOR:	PATIENT/CARER:
<ul style="list-style-type: none"> ✓ Provide educational and informational material in respect to Warfarin 	<ul style="list-style-type: none"> ✓ Provide the Warfarin Care Clinic with any changes to the patient's medical history or medication changes as they occur 	<ul style="list-style-type: none"> ✓ Have a mobile phone contact number because Dorevitch Pathology's preferred method of transmitting INR and dosage is via a Short Message Service (SMS)
<ul style="list-style-type: none"> ✓ Answer any questions patients have regarding Warfarin 	<ul style="list-style-type: none"> ✓ Provide six monthly testing of FBC and E/LFTs to aid the Haematologist in ensuring safe monitoring of the patient's Warfarin 	<ul style="list-style-type: none"> ✓ Have a suitable answering service and a reliable second contact number to ensure the Warfarin Care Clinic can contact or leave a message for the patient/carer at all times
<ul style="list-style-type: none"> ✓ Advise INR and Warfarin dose in a timely, prioritised fashion 	<ul style="list-style-type: none"> ✓ Review the patient every six months to determine the ongoing requirement for Warfarin therapy, INR target range and Warfarin duration 	<ul style="list-style-type: none"> ✓ Be patient with staff as they endeavour to assist them. Verbal abuse or violence will not be tolerated. Take the time to understand and follow the instructions given to them by our staff
<ul style="list-style-type: none"> ✓ Contact patients as soon as possible if any INR is greater than 5.0, and assist with the provision of Vitamin K 	<ul style="list-style-type: none"> ✓ Supply a new signed Rule 3 request form to the patient for Medicare every six months 	<ul style="list-style-type: none"> ✓ Continue on their current dose until they have heard from Dorevitch Pathology with their new dosage. If the patient has not received their instructions within 2-3 days they should contact the Warfarin Clinic
<ul style="list-style-type: none"> ✓ Give a kindly reminder (within reason) if patients are well overdue for testing 	<ul style="list-style-type: none"> ✓ Counsel the patient on the importance of testing and following instructions on Warfarin doses 	<ul style="list-style-type: none"> ✓ Complete the Dorevitch Pathology request forms for each INR and carefully answer the questions to ensure the Haematologist can be made aware of any changes
<ul style="list-style-type: none"> ✓ Coordinate care with cardioversion clinics 	<ul style="list-style-type: none"> ✓ Alert the Warfarin Care Clinic prior to procedures if Warfarin needs adjusting 	<ul style="list-style-type: none"> ✓ Advise the Warfarin Care Clinic of any changes: hospital admissions, hospital discharges, medical or dental procedures, changes to health, changes to other medications. When/if their Warfarin is ceased or if their dose is altered by another doctor
<ul style="list-style-type: none"> ✓ Coordinate Webster packs directly with the pharmacy 	<ul style="list-style-type: none"> ✓ Provide updated details post hospital admissions 	<ul style="list-style-type: none"> ✓ Have their INR Test on time as requested by the Warfarin Care Clinic

Warfarin Care Clinic

Registering Your Patient

Please read these guidelines before completing the registration form overleaf. Completing the registration form does not automatically guarantee acceptance into the Warfarin Care Clinic program.

Please continue to give the patient dosage instructions until you receive confirmation that the registration has been accepted, you should receive a response within 3 business days.

Contact the Warfarin Clinic by phone for any urgent registrations (24 hours is required).

1. CHECK PATIENT'S ELIGIBILITY:

- There are two reliable contact numbers for the patient, carer, and/or relatives
- The patient or their carer/pharmacy is able to follow verbal and/or written instructions
 - Supply details of carer or pharmacy
- There are no known reasons which may prevent the patient from following dosage and testing instructions. For example; compliance, mental health issues, work, travel
- They are not included in any category outlined in the text box to the right
- They understand and agree to the Warfarin Clinic fees as explained in the attached *Informed Financial Consent*.

2. COLLATE PATIENT DETAILS

- Contact details: address and phone contact details
- Full medical history and current medicines
- Recent INR's and Warfarin doses

3. SUBMIT REGISTRATION REQUEST AND SIGNED INFORMED FINANCIAL CONSENT

Send the completed patient registration form via:

- **Editable PDF** - visit website dorevitch.com.au > Warfarin Management
- **Email** - warfarin@dorevitch.com.au
- **Fax** - (03) 9244 0431

The Dorevitch Pathology Warfarin Care Clinic regrets that it cannot be responsible for the INR control and warfarin dosing of the following patients:

- Patients who will only be under Dorevitch Pathology control for a period of one month or less
- Patients or care givers who are unable to comply, or follow SMS, written, or verbal instructions in English
- Patients who experience ongoing difficulties attending on scheduled test dates, e.g., residents of remote areas or those whose employment/lifestyle requires frequent travel
- Patients or care givers who are abusive to Dorevitch Pathology staff
- Previously discharged non-compliant patients

Compliance

Once registered, patients must be compliant with the instructions of the Warfarin Care Clinic. The patient, on their part will also be expected to keep Dorevitch Pathology informed of any changes - especially contact details. Habitually non-compliant patients (those who fail to test when requested or who self dose), and patients who abuse Dorevitch Pathology staff will be discharged from the Clinic after their clinician has been informed.

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Registration Number

(Internal use)

Registration Request for Patient Warfarin Management

Please make sure you have read and understood steps 1 - 3 overleaf.

DOCTOR INFORMATION

I, as the referring doctor, agree that the information provided is accurate and correct and that my patient fulfils the eligibility criteria for the Dorevitch Pathology Warfarin Care Clinic

I have informed the patient of the Warfarin Clinic fees and attached the patient signed *Informed Financial Consent*

REQUESTING DOCTOR Specialist OR Primary Care Doctor

Name: _____

Provider No.: _____

Surgery Address: _____

Phone: _____ Fax: _____

Email: _____

PATIENT INFORMATION

Financial Consent is signed and attached

Patient Surname: _____ Given Name: _____

D.O.B.: ____/____/____ Sex: M F Weight: _____ Height: _____ Medicare Number: _____

Address: _____ Suburb: _____ Postcode: _____

Is address: Temp Perm NEW Contact Ph No. 1: _____ Contact Ph No. 2: (family, friend, or other) _____

Name of Pharmacy or Nursing Facility: _____ Phone: _____ Fax: _____

Home Visits: Y N Temporary? Permanent? (Ongoing home visits are a service for those who are housebound)

PRINCIPAL ANTICOAGULATION DIAGNOSIS

Atrial Fibrillation Flutter Stroke (CVA) TIA Arterial Embolism

Date of Condition: _____

DVT Where? _____ Known reason? _____

INR Target Range: _____

Pulmonary Embolism (PE) Minor Major Bilateral Known reason? _____

Warfarin Duration: _____

Heart Valves Which one? _____ Mechanical Graft Repair

Date Began Warfarin: _____

Other _____

OTHER HX

Recent surgery Reason: _____

Date of discharge: _____

Attach recent hospital discharge summary

Attach full health summary

List ALL other medicines or supply with Health and/or Hospital Discharge Summary:

CURRENT MEDICINES

Brand Warfarin: Marevan Coumadin

Other Anticoagulant: _____

Aspirin Plavix

Recent Warfarin Doses over 5 - 7 days and recent INR's
(2 if possible):

Date	Dose	INR