DALTEPARIN SHARED CARE FORM 

Name:

DoB:

Affix patient label here

Hosp No.:

NHS No.:

Consultant:

**For all patients requiring ongoing dalteparin therapy:**

**fax this referral to GP for ongoing prescription according**

**to the Sheffield Dalteparin Shared Care Guideline**

# Not to be used for surgical patients being discharged on extended prophylaxis

**ONLY if HIT monitoring is required\* also fax this form to**

**the STH anticoagulation clinic (fax no. 68690)**

• Hospital to provide initial 28 day supply of dalteparin and to undertake heparin induced thrombocytopenia (HIT) monitoring\* (repeat FBC weekly for 2 weeks)which is **ONLY** necessary if the patient has had exposure to heparin/ LMWH or cardiopulmonary bypass surgery within the last 100 days

• GP to continue prescribing and monitoring potassium levels, renal function and weight as appropriate.

• Patient’s medical care remains with the hospital consultant who initiated dalteparin

* Refer to a Consultant Haematologist for further thrombosis care where appropriate.

**1) REFERRING CONSULTANT DETAILS**

Referring consultant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NGH: RHH: WPH: JW:

Consultant contact number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next consultant clinic appointment \_\_\_\_\_\_\_\_\_\_\_\_ GP/practice receiving referral\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2) INDICATION FOR DALTEPARIN**

**a) Thromboprophylaxis:** In pregnancy Central line Cancer

**b) Deep vein thrombosis/ Pulmonary embolism:** In pregnancy Injectable drug user

Associated with cancer/ cancer therapies Unsuitable for oral anticoagulation

**3) TREATMENT INFORMATION**

Patient’s weight\_\_\_\_\_\_ (kg) Dose of dalteparin\_\_\_\_\_\_\_\_\_ units ONCE/TWICE daily Date started\_\_\_\_\_\_\_\_

*(delete as appropriate)*

**Intended dose changes (if on treatment dose, as per guideline):**

Dose to change to \_\_\_\_\_\_\_\_\_\_\_\_ units ONCE/TWICE daily on \_\_\_\_\_\_\_\_\_\_\_\_

*(delete as appropriate)*  *(date)*

Proposed duration of treatment

6 weeks 3 months 6 months long term Other duration (please give details):\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dalteparin to be administered by: Patient or carer Community Nurse (fax this form along with SPA referral)

**Further relevant information** (clinical problems, concurrent medication):

**4) MONITORING REQUIREMENTS**

Is monitoring for hyperkalaemia required? Yes No

*i.e. does patient have diabetes mellitus, chronic renal failure, acidosis, raised potassium levels or are theyon potassium-sparing drugs, potassium supplements or long-term dalteparin treatment?)*

**Baseline results**

Creatinine:\_\_\_\_\_(μmol/L) Creatinine clearance:\_\_\_\_\_\_(mls/min) Platelets:\_\_\_\_\_(x109/L) Potassium:\_\_\_\_\_(mmol/L)

**FORM COMPLETED BY:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No.(bleep/ext.): \_\_\_\_\_\_\_\_\_\_ (RHH/NGH/WPH/JHW) Date: \_\_\_\_\_\_\_\_\_\_

**Faxed by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Received at GP practice by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***This referral has been made in line with the shared care guideline for dalteparin. Agreement to undertake shared care will be assumed unless the GP contacts the referring consultant to state otherwise.***

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Dear Dr…………………………………………..

Regarding your patient:………………………………………………………………

Following recent surgery, your patient will be at increased risk of venous thromboembolism.

In order to complete the recommendation of extended thromboprophylaxis following surgery (NICE 2010), we have provided your patient with a course of

dalteparin (Fragmin®)……… units to be given once/twice\* daily for….....days post-operatively

*(\*delete as applicable)*

Low molecular weight heparins such as dalteparin can cause Heparin-Induced Thrombocytopenia (HIT) in a very small number of patients. Those at highest risk are patients who have had exposure to heparin/LMWH or cardiopulmonary bypass surgery within the previous 100 days of starting LMWH. HIT is associated with a very high risk of thrombosis (venous or arterial) and should be considered a medical emergency.

In order to detect HIT it is necessary to check the platelet count and compare with the baseline. This is required weekly for the first 2 weeks of LMWH therapy.

The pre-operative baseline platelet count on …/…/… was …………

Your patient had surgery on …/…/…., and is being discharged on …/…/….

A full blood count is therefore required between …/…/… and …./…/…

\*and a second between …/…/… and …/…/…

*(\*delete as applicable)*

We would be grateful if you would obtain this/these sample(s) and continue to monitor this patient for HIT. If the platelet count falls by more than 50%, or should the patient develop thrombotic symptoms such as, skin rash, or symptoms suggestive of DVT, PE (leg swelling / chest pain), or arterial thromboembolism, your local medical admissions unit or haematology service on call should be contacted without delay.

If you require further information, please do not hesitate to contact

Ward………………………….. …… Telephone…………………………

Signature…………………….. …… Print name…………………………

Designation………………………… Date……………. Time…………….

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