

Tinzaparin: Transfer of prescribing and monitoring from hospital to GP



The Rotherham
NHS Foundation Trust

NOTE: TRFT to provide 6 weeks course for postnatal patients so transfer of care form not required.

- Staff to contact Care Co-ordination Centre (01709) 426600 for ongoing prescription of tinzaparin
- TRFT to provide 6 weeks course for postnatal patients. Initial 14 days supply for all others
- Platelet monitoring will only be required if the pregnant women has had prior exposure to unfractionated heparin. In that case TRFT will monitor full blood count on day 1 and 5-7 and GP to monitor full blood count on day 12-14
- On issuing the first tinzaparin prescription the practice must contact the Waste Management department (01709) 823130 and request for a sharps bin to be delivered
- GP to continue prescribing and carry out further monitoring as appropriate
- Patient's medical care remains with the hospital consultant who initiated tinzaparin until anticoagulation prescribing (and monitoring if required) is accepted by either the GP or Hospital anticoagulant clinic
- For additional clinical advice you can contact the Consultant Haematologist

Patient name _____

NHS No. _____

Date of birth _____

GP _____

Practice _____

1. REFERRING CONSULTANT

Referring Consultant _____ Consultant contact number _____

Fax Number _____ Next consultant clinic appointment _____

2. INDICATION FOR TINZAPARIN

- | | | | |
|------------------------------------|---------------------------------------|------------------------------------|--|
| VTE Prophylaxis | <input type="checkbox"/> Surgery | VTE Treatment | <input type="checkbox"/> Injectable drug use |
| <input type="checkbox"/> Antenatal | <input type="checkbox"/> Central line | <input type="checkbox"/> Antenatal | <input type="checkbox"/> Associated cancer/ cancer therapies |
| <input type="checkbox"/> Postnatal | <input type="checkbox"/> Cancer | <input type="checkbox"/> Postnatal | <input type="checkbox"/> Unsuitable for oral anticoagulants |

3. TREATMENT INFORMATION

Patient details Weight _____ kg Dose of tinzaparin _____ units ONCE/TWICE daily (delete as appropriate)

Date treatment commenced _____

Proposed duration of treatment: 6 weeks 3 months 6 months long term Other _____

Tinzaparin to be administered by: Patient Carer District nurse (fax this form together with DN referral)

Further relevant information (clinical problems, concurrent medication):

4. MONITORING REQUIREMENTS

Baseline results:

Date _____ eGFR/CrCl _____ micromol/1.73m² Platelets _____ (X10⁹/L) Potassium _____ (mmol/L)

Baseline renal function is not required except in patients with renal impairment or older patients (40+ years) or patient started on treatment dose.

Heparin induced thrombocytopenia (HIT) monitoring is required if exposed to unfractionated heparin:

TRFT Day 1, 5-7 and GP day 12-14

Platelet monitoring is not routinely required.

5. FORM COMPLETED BY

Signature _____ Print name _____

Designation _____ Contact No. (bleep/ext) _____

Faxed by: _____ Time _____ Date _____

To be completed by the GP and faxed back to the Care Co-ordination Centre 01709 427534

Received at GP practice by: _____ Time _____ Date _____

The above patient has been accepted into our practice for prescribing and monitoring of tinzaparin

GP signature _____ Print name _____ Date _____

This referral has been made in line with the shared care protocol for tinzaparin.

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