



THROMBOSIS AND HEMOSTASIS PROGRAM, REFERRAL FORM
 585 University Avenue, 7N-739, Toronto, ON M5G 2N2
 Phone: 416-340-3423 Fax: 416-340-5682

INCOMPLETE REFERRALS WILL NOT BE ACCEPTED

Referred from: TGH TWH PMH MSH TRI WCH External, specify: _____
 Emergency Department Inpatient Clinic, specify: _____ Other, specify: _____

NAME
 MRN
 DATE OF BIRTH _____ Gender _____
 Address _____
 Phone Number _____
 Preferred Phone Number (if different): _____
 OHIP Number _____
 If Not OHIP, specify: _____
OR Patient Label Here

Referring Physician (MRP)	Name: _____	Billing #: _____
	Phone: _____	Fax: _____

Primary Diagnosis:

- Deep Vein Thrombosis (confirmed)
- Possible Hereditary Thrombophilia
- Valvular Heart Disease
- Other, specific: _____
- Pulmonary Embolism (confirmed)
- Cancer Associated Thrombosis
- Mechanical Prosthetic Valve/Tissue Valve
- Thrombosis in Pregnancy
- Arterial Thrombosis
- Atrial Fibrillation

Acute VTE Management

Date of Diagnosis: _____
 Current Management: _____

***Diagnostic test results must be available in UHN EPR or included with this referral to accept patient.**

Procedural Reversal

Procedure: _____
 Date: _____
 Date of Admission: _____

Anticoagulant to be reversed:
 Warfarin
 Nicoumalone (Acenocoumarol or Sintrom)
 LMWH
 DOAC

Anticoagulant Management

Current Management: _____

Consult requested for:
 General management advice
 Duration of anticoagulation
 INR Monitoring

Other (please specify): _____

Relevant Medical History:

Weight: _____ Creatinine: _____ (within the past 3 months)

Other Required Information: Translator Needed? No Yes, Language: _____

Additional Referral Instructions:

Urgent referrals on weekdays between 8:00am and 4:00pm fax referral to (416) 340-5682 and call blackberry at: (416) 268-0206.

After hours and on weekends/statutory holidays, **fax referral and follow the acute VTE management guidelines on page 2.** For urgent referrals, we will contact the patient directly within 24-48 hours.

Non-urgent referrals and after hours/weekends or statutory holidays – fax the referral to (416) 340-5682.

In-Patients requiring an outpatient appointment post-discharge, please call (416) 268-0206. Fax referral when patient discharged.

DO NOT GIVE OUT THE BLACKBERRY NUMBER TO PATIENTS.

Emergency Department Guidelines for UHN Acute VTE management

These guidelines are only applicable if a patient will be referred to the TGH thrombosis clinic for a follow up*

1. **Initiate** the treatment below. For **urgent referrals** – call (416) 268 0206 between 8am and 4pm.
2. **Fax** the referral form to **(416) 340 -5682 along with** a copy of the preliminary reports of a DVT/PE event, other diagnostic reports and the emergency department records.

Referral acceptance criteria:

- ✓ Patient has a documented DVT/PE confirmed by CT scan, ultrasound or VQ scan.
- ✓ Patient is not a resident of a nursing home. Nursing home medical staff may manage patient's anticoagulation therapy.
- ✓ Patient has no contraindications to anticoagulant therapy or need for hospital admission.
- ✓ If homecare is not available, patient must be able to self-inject and travel to a Life Lab on their own.

Rationale for the treatment:

- **Otherwise healthy** - with low bleeding risk, normal creatinine clearance, weight less than 120kg, no liver failure, with low clot burden and no drug interactions to DOACs: - initiate treatment with DOACs (Rivaroxaban or Apixaban) **or** LMWH bridged to VKA
- **Arterial clots:** -call thrombosis on call
- **Patient with BMI >120 kg:** -start LMWH (Enoxaparin only 1mg/kg BID)- poor EBM for dose*
- **Large clot burden** - saddle PE, ileo-femoral DVT, large upper extremity DVT, symptomatic
 - consider paging vascular for thrombolysis
 - LMWH if a candidate for home management and refer to thrombosis clinic
- **Renal dysfunction** (creatinine clearance less than 30 mL/min): - call thrombosis on call
- **Transplant patients with VTE:** - start LMWH only
- **Malignancy- any clot- PE/DVT/PVT :** - start LMWH only
- **Drug interactions to DOACs** which inhibits or induces both CYP 3A4 and P-gp (eg. HIV protease inhibitors, Dilantin, Ketoconazole or Rifampicin): - start LMWH only
- **Pregnant/Breastfeeding patients:-** start LMWH

Treatment Options:

- **DOACs:** Give prescription for 3 weeks and fax referral to 416 340-5682. LU code for acute DVT/PE = 444.
 - Rivaroxaban **15mg** - PO twice DAILY.**OR**
 - Apixaban **10mg** PO twice DAILY for one week, **then 5mg** PO twice daily for two weeks.
- **LMWH:** Give prescription for 1 week and fax referral to 416 340-5682. LU code for acute DVT = 186. LU code in cancer patients = 188. Please choose one of the below:
 - Tinzaparin (INNOHEP) - **175 units/kg** SC once DAILY, abdominal site only
 - Dalteparin (FRAGMIN) - **200 units/kg** SC once DAILY, abdominal site only
 - Enoxaparin (LOVENOX)- **1.5 mg/kg** SC once DAILY, abdominal site only