Saskatoon Health Region

HOME LOW MOLECULAR WEIGHT HEPARIN THERAPY PROGRAM REFERRAL

TINZAPARIN ANTICOAGULATION FOR OUTPATIENTS STARTING WARFARIN

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❑ SHR Urban ❑ SHR Rural ❑ SHR LTC ❑ Out of Region

Client Phone # ______________________________

Client Name ______________________________ DOB ______________

Address ______________________________ PHN ______________

Date of Referral ______________________________ Time ______________

Referring Physician ______________________ Phone ______________ Fax __________

Family Physician ______________________ Phone ______________ Fax __________

Diagnosis (primary) ______________________ (secondary) ______________________

Significant Medical History & Allergies ______________________________

Indication for tinzaparin: ❑ Starting warfarin. INR not therapeutic.

❑ Re-starting warfarin after surgery / invasive procedure. INR not therapeutic

Indication for Warfarin ______________________________ Warfarin dose __________

The referring physician must ensure clients are given appropriate training to self-administer tinzaparin or must make arrangements for the client to receive tinzaparin injections as an outpatient.
The following arrangements have been made:

- ❑ Client (or caregiver) will administer tinzaparin.
  Teaching will be provided by a registered nurse from the following unit ______________________
- ❑ Client will receive daily injections of tinzaparin at the following office or clinic______________________
- ❑ Client will receive Home Care Services. (MD must complete Home Care Referral)

Client weight is ___________ kg. ***The first dose must be given in-hospital. An order for the first dose must be written on a Physician's Order.***

The program provides full therapeutic anticoagulation using tinzaparin 175 units/kg subcut daily. See reverse for prescribing information. Usual maximum is 7 days.

Client Weight (kg)	
❑ less than 55kg	Contact Pharmacy for dosing information. Tinzaparin ___________ units subcut daily X _______ days. Start on _______________(date)
❑ 55-64 kg	Tinzaparin 10,000 units subcut daily X _______ days. Start on _______________(date)
❑ 65-74 kg	Tinzaparin 12,000 units subcut daily X _______ days. Start on _______________ (date)
❑ 75-84 kg	Tinzaparin 14,000 units subcut daily X _______ days. Start on _______________ (date)
❑ 85-94 kg	Tinzaparin 16,000 units subcut daily X _______ days. Start on _______________ (date)
❑ 95-104 kg	Tinzaparin 18,000 units subcut daily X _______ days. Start on _______________ (date)
❑ 105 – 125 kg	Tinzaparin 20,000 units subcut daily X _______ days. Start on _______________ (date)
❑ greater than 125kg	Contact Pharmacy for dosing information. Tinzaparin ___________ units subcut daily X _______ days. Start on _______________(date)

Physician's Signature______________________________ **Date**______________________

Print Physician Name ______________________________

Pharmacy Fax Number: SCH 655-8804

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SHR Home Low Molecular Weight Heparin Therapy Program

Referrals are accepted daily from 0800 to 1600 hours.

Indications for Home Low Molecular Weight Heparin Therapy:

- Client is starting warfarin and INR is not yet therapeutic
- Client requires temporary "bridging" anticoagulation with tinzaparin while their warfarin is temporarily held before surgery or an invasive procedure.

The program does not cover:

- low dose tinzaparin for prevention of DVT in clients who are not being started on warfarin (e.g. prevention of DVT in clients following orthopedic surgery including knee replacement, hip replacement, hip fracture surgery or multiple trauma)
- Long-term prevention or treatment of DVT/PE during pregnancy
- Long-term prevention or treatment of DVT/PE in clients with a clotting disorder, thrombophilia or cancer.
- Systemic anticoagulation of clients who have had a recent stroke and are not being started on warfarin.

Contraindications:

- prior heparin allergy
- prior heparin-induced thrombocytopenia
- active bleeding

Relative Contraindications and Precautions:

- cerebral hemorrhage, known intracranial neoplasm or AV malformation
- recent bleeding within 2 weeks (e.g. gastrointestinal, genitourinary)
- any bleeding and/or bleeding tendency (e.g. coagulopathy, thrombocytopenia)
- decreased tolerance of potential bleeding (e.g. hemoglobin less than 80g/L, ischemic heart disease)
- severe uncontrolled hypertension (systolic blood pressure 180mmHg or greater; diastolic blood pressure 110mmHg or greater)
- active peptic ulcer disease
- renal failure (creatinine clearance 20mL/min or less) and/or hepatic failure
- potential for medication non-compliance (mental confusion, inability to care for self, poor vision)
- social isolation (precaution only; suggest daily contact with a care giver.)
- weight greater than 150% of ideal body weight (Precaution only. Lack of information regarding appropriate dosing)

Recommended Heparin-Warfarin Overlap

- Clients must receive at least 4-5 days of combined treatment with heparin (regular unfractionated heparin or tinzaparin) and warfarin because of the delayed onset of warfarin's full effect.
- Tinzaparin can be discontinued once the INR is within the desired range for 2 consecutive days. The desired INR range for warfarin is 2 - 3 for therapeutic anticoagulation and 2.5-3.5 for mechanical prosthetic valves and clients with lupus anticoagulants.

Monitoring Tinzaparin Therapy:

- Clients should be instructed to watch for and report signs of bleeding or recurrent thrombosis
- Physicians may order platelet monitoring at baseline and every 2-3 days during tinzaparin therapy
- Physicians must order frequent INR testing when initiating warfarin