

ANTICOAGULATION CLINIC PHYSICIAN ENROLLMENT ORDER



1PO

- Providence PRMCE ACC**
1330 Rockefeller Avenue
Suite 150, First Floor, Everett, WA 98201
Phone: (425) 297-5220
Fax: (425) 297-5221
- THE EVERETT CLINIC (TEC) – ACC**
3901 Hoyt Avenue, Everett, WA 98201
Phone: (425) 317-3943
Fax: (425) 317-3931
- Providence Satellite Locations**
Monroe, Mill Creek, Marysville
Phone: (425) 297-5220
Fax: (425) 297-5221

Name: _____
 First MI Last
MR Number: _____
DOB: _____
Today's Date: _____
PCP: _____
Physician: _____

Patient Home Phone# _____

Patient Mobile Phone# _____

PLEASE PROVIDE ALL AVAILABLE INFORMATION LISTED BELOW

- Reviewed exclusion criteria on next page. Please circle: Yes or No
- Route the form to the appropriate ACC via fax. See above.
- Diagnosis: AF I48.91 DVT I82.409 PE I26.99 CVA I63.40 Other
- Prosthetic heart valve: AVR Z95.4 MVR Z95.4 Bioprosthetic Valve Z95.4
- If currently on Enoxaparin: _____ mg every _____ hours
 Creatine Clearance _____ Weight _____
- If currently on warfarin: _____ mg
Received IV heparin inpatient Yes No
- H&P (please check one): Epic or If other _____

PHYSICIAN'S ORDERS: Anticoagulation Clinic to manage Anticoagulation, authorized to order labs.
For warfarin, maintain INR – consider first:

- 2.0 to 3.0 (AF, DVT, PE, CVA/TIA, cardiomyopathy, bioprosthetic heart valve, aortic mechanical valve, etc.)
- 2.5 to 3.5 (Mitral mechanical valve, recurrent VTE – only if fail lower range)

Other:

If patient on new or direct oral anticoagulant (DOAC) for treatment indications, which one?

- Rivaroxaban (Xarelto) – A.fib, DVT/PE treatment – started _____
- Apixaban (Eliquis) – A.fib, DVT treatment – started _____
- Dabigatran (Pradaxa) – A.fib (non-preferred)
- Other: _____

For Inpatients:

- Advise patient of ACC referral. ACC will contact patient.
- Lip (Licensed Independent Practitioner) to call and fax form to ACC.**
- RN/pharmacist to verify best contact phone number of patient for ACC to call. **Do not provide patient a copy original.**

- Ordering Physician Signature _____ Order expires in : 10 days
- Ordering Physician name and contact number: _____
- PCP Physician Name: _____ Order expires in: 365 days
- Please see referral process on the next page.



Colby Campus • 1321 Colby Ave.
Pacific Campus • 916 Pacific Ave.
Pavilion for Women and Children • 900 Pacific Ave.
Providence Regional Cancer Partnership
1717 13th Street • Everett, WA 98201

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ENROLLMENT ORDER**

PLACE PATIENT LABEL HERE

Patient Name: _____
Birthdate: _____

□ Exclusion Criteria

- Under the age 18 (if less than 18 please refer to Children's or other specialist)
- Pregnancy (please refer to OB/GYN – LMWH only – no warfarin)
- Intracranial Neoplasm
- Active Bleeding
- Skilled / custodial nursing home patients
- Patients not able to physically come into ACC for first time enrollment appointment
- Patients weighing greater than 191kg or patients less than 45kg: Recommend admission and inpatient unfractionated heparin.

Referral Process:

1. Refer TEC patients to TEC ACC (TEC clinic can only accept patients who have TEC provider)
2. Refer Non-TEC patients to Providence ACC (Everett and satellite locations)
3. Hospital staff (MD, RN, HUC) to call appropriate ACC with patient name and need for appointment
4. Staff to FAX completed order form to appropriate ACC
5. Notify the appropriate ACC Clinic as to how soon the patient needs to be seen
6. LIP to write prescription for 5 day warfarin supply and if patient self-injecting, a 5 day supply of LMWH.
7. Notes about dosing LMWH:
 - a. Providence ACC and TEC ACC prefer enoxaparin
 1. Enoxaparin should be dosed at 1mg/kg q 12 hours X 5 days for thrombosis.
 2. Patients with CrCl less than 30ml/min should receive enoxaparin 1mg/kg DAILY, as long as not on dialysis.
 - b. TEC ACC ONLY
 1. Patients who are unable to self-inject should be referred to walk in clinics.
 2. Patients must go to Gunderson WIC
 - On Saturdays, Sundays and holidays, staff to call (425) 303-3053 to inform that patient is being sent over to be seen. Fax form to (425) 339-5444 (For Inpatient: LIP will make the phone call).
 - Please call the ACC and fax if they will be seen on Monday through Friday (contact information on the front).
8. ACC will call patient and set up an appointment.



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Patient Name: _____

Birthdate: _____