**Template**: Information which must be included

**Transfer of Prescribing Responsibility**

**Direct Oral anticoagulants (DOACs) for the acute treatment and secondary prevention of venous thromboembolism (VTE)**

This template includes the minimum detail necessary to allow the patient’s Primary care Team to take back responsibility for the prescription and monitoring of DOAC prescribed following confirmed diagnosis of VTE. The Trust can choose to either incorporate this information into their standard ‘Transfer of Care’ Letter or to have it as a separate Template on their system.

**Patient Details:** Name, Address, DOB, Hospital Number and NHS number

**GP Practice details**: Name, Address, Telephone Number, nhs.net e-mail

**Consultant details**: Name, Organisation, Clinic name, Address, Telephone Number, nhs.net email

**Date:**

Dear Dr ,

This patient has been initiated on a DOAC for:

* treatment of DVT which was provoked / unprovoked (delete as appropriate)
* treatment of PE which was provoked / unprovoked (delete as appropriate)
* secondary prevention of VTE
* Management of a VTE which has developed while they have an active diagnosis of cancer (Prescribing will remain with the Cancer centre in this case). Please state expected duration of DOAC treatment in the ‘additional information’ box below.

**Additional information:** eg additional tests planned due to concern there may be a cancer causing the clot. Also outline what discussions have been had with the patient and their understanding.

If the VTE was provoked, what was the provoking factor?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DOAC (see formulary choices)** | **Date initiated** | **Dose on transfer** | **Intended Duration of treatment** | **Date of Consultant Review (3 months)** |
|  |  |  | * 3 months * 3 months followed by long-term prophylaxis |  |

I have now supplied the first one month of therapy for this patient and am writing to transfer the prescribing responsibility for this patient’s on-going anticoagulation.

This transfer of care document should be reviewed in conjunction with the [Guidance: Anticoagulant choice for VTE treatment (Feb 2021)](about:blank)

All patients receiving DOAC therapy for VTE for the duration of over one year: Primary Care Team to review at least annually, in line with local guidelines.

Most recent results

|  |  |  |  |
| --- | --- | --- | --- |
| **Test** | **Result** | **Date of test** | **Please repeat in**  **(months):** |
| **Serum Creatinine (mMol/L)** |  |  |  |
| **Creatinine clearance (CrCl) (mL/min)** |  |  |  |
| **Body weight (kg)** |  |  |  |
| **BMI (kg/m2)** |  |  |  |
| **Haemoglobin (g/dL)** |  |  |  |
|  |  |  |  |

eGFR should **not** be used to guide dosing decisions.

CrCl must be estimated using the [Cockcroft-Gault equation calculator](about:blank) and the patient’s **actual** body weight.

**Anti-platelet Therapy:**

|  |  |
| --- | --- |
| Is the patient on anti-platelet therapy: Yes / No | |
| Anti-platelets in use: | Indication: |
| Is the antiplatelet to be withheld whilst on anticoagulation: Yes / No | |
| Comments (incl plan for antiplatelet therapy) | |

Other relevant information:

* I confirm that I have prescribed in line with the current [Local VTE Guidance](about:blank)
* I confirm that the patient has been made aware of the benefits and risks of DOAC therapy, including risks of both major and minor bleeding, and that they know how to seek medical help should bleeding occur.
* I confirm that an anticoagulation card and/or medic-alert bracelet have been provided
* I confirm that the patient has consented to treatment
* For female patients of child-bearing age: I have explained the risks of falling pregnant whilst on this treatment and recommended appropriate contraceptive measures are taken

**Signed: Name of Clinician: Date:**

Approval Date: September, 2021 Review Date: September, 2024

Not to be used for commercial marketing purposes. Strictly for use within the NHS. NOTE that all DOACs are available in line with NICE TAs

Surrey Heartlands Area Prescribing Committee. A partnership between NHS organisations in Surrey Heartlands Clinical Commissioning Group (the ICPs of East Surrey,

Guildford and Waverley, Northwest Surrey and Surrey Heath) and Ashford and St Peter’s and the Royal Surrey NHS Acute Foundation Trusts. This guidance was originally developed by Southwest London Medicines’ Optimisation Group (2020) and has been adapted with their permission.