University Hospitals Sussex
NHS Foundation Trust

Management of oral anticoagulation in haemodialysis patients

Background
All haemodialysis patients who are on warfarin and are dialysing at the main renal dialysis unit in Brighton or at a satellite unit in Crawley or Eastbourne will have their anticoagulation dosed and monitored by the Brighton anticoagulation clinic. This is also extended to any warfarin patients dialysing at these sites that are in a temporary slot.

Patients who are dialysing at Worthing, Bexhill or home haemodialysis patients will continue to be monitored and dosed by their GP or local anticoagulation clinic. This will also extend to any warfarin patient dialysing at these sites that are in a temporary slot.

Purpose: To outline the process for the safe management of existing and newly initiated haemodialysis patients, under the care of the renal consultants or registrars at the Sussex Kidney Unit or on Trafford (Renal) ward. This will also include haemodialysis patients being discharged from other wards in the trust.

Patient must be told their warfarin dose on discharge

All warfarin tablets are labelled “take as directed according to INR” for discharge. Patients receive a box of 1mg and a box of 3mg packs of warfarin. All patients must be told verbally their correct dose on discharge to avoid misunderstandings with the two strengths provided and the yellow dosage card (available on some wards) or yellow dosing book must be completed and given to patients at discharge. The nurse discharging the patient should inform the patient if they have received their dose of the day, or if they are to take at home.

All newly initiated patients must be given written and verbal information on their oral anticoagulant. A pharmacist should be contacted to counsel the patient at discharge if possible. The National Patient Safety Agency oral anticoagulation therapy pack including the “yellow book” should be given to all new patients prior to discharge and a healthcare professional should ensure that the patient understands all written information contained. The oral anticoagulation counselling checklist should be used to ensure that all essential points are covered.

Please prescribe dose of warfarin on discharge summary, ensuring it is clear that this dose is only until the next INR test after which the dose may change.

- INR must be checked within 4 days of hospital discharge for all patients
- Patients should not be discharged if INR>5

Guidance on completing anticoagulation referrals on Panda

Please ensure all relevant information is completed to ensure safe ongoing dosing and monitoring of your patients:

- The indication for anticoagulation
- Duration of anticoagulation
- Date of DVT / PE /Stroke
- Weight
- Last INR and dose
- INR range - if different from standard, please provide details on rationale
- Name of the referring consultant
- Dialysis location and schedule

Author: Rachel Flynn Specialist renal pharmacist, checked by Dr Adam Macdiarmaid Gordon, Clare Proudfoot, Angharad Parsons . June2023
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Renal Doctors
To refer all newly initiated warfarin haemodialysis patients to the anticoagulation service via panda.
All discharges from Trafford ward to have anticoagulation referral on panda completed.
To update the patient's diagnosis list on CV5, under the remarks section that the patient is on warfarin, indication and their INR range.

Renal Consultants
To review the need for anticoagulation annually.
To update the patient's diagnosis list on CV5, under the remarks section that the patient is on warfarin, indication and their INR target range.

Royal Sussex County Hospital anticoagulation service
- Will dose and monitor warfarin for haemodialysis patients who dialyse at the Main Renal Dialysis Unit at Brighton, Crawley and Eastbourne satellite dialysis units.
- An email will be sent to the renal HD coordinators via email the day before the next INR is due for each patient on warfarin.
- The anticoagulation department will liaise predominately with the referring doctor and senior haemodialysis nurses for the dialysis unit regarding queries on referral forms or on samples not received.
- A blue mailer will be sent to patients whenever an INR is reviewed, detailing their current dose and date of when next INR is due.

Renal pharmacists
The renal pharmacists should be informed of all newly initiated warfarin patients to ensure they are counselled and the process of INR monitoring and dosing explained to them. They will show patients the blue mailer and explain its purpose.

Nursing staff responsibilities

Lead nurse: Ensure all staff members are aware of the policy and support training in collaboration with the renal practice educator.
Senior HD nurses:
- Ensure all new haemodialysis patients on warfarin have been referred to the Brighton anticoagulation service.
- To ensure that transfers between units - Brighton, Crawley and Eastbourne are communicated to Brighton anticoagulation service
  (call ext. 64578 or email: uhsussex.rsch.anticoagulation@nhs.net)
- To ensure that transfers to other dialysis units – Worthing and Bexhill are communicated to Brighton anticoagulation service and that the patient is referred to the local clinic or GP as per local area arrangements
  (Call ext. 64578 or email: uhsussex.rsch.anticoagulation@nhs.net)

Named haemodialysis nurses for patients:
- To send INR samples as requested by the anticoagulation clinic.
- Inform anticoagulation clinic if any details have changed or if information about missed doses or new medications is required.
- To liaise with the renal pharmacists if patients require any additional counselling.

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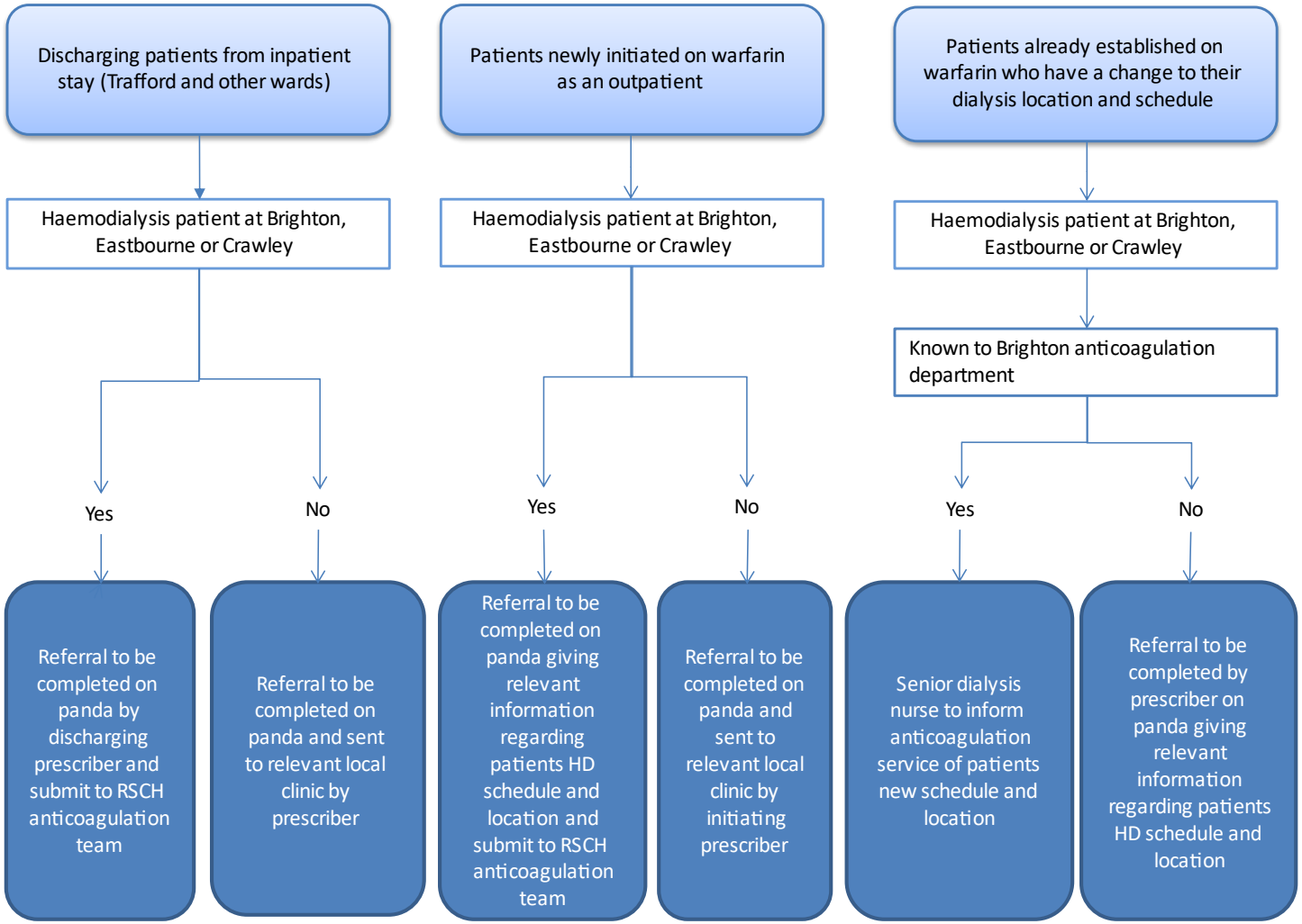

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Training implications
All haemodialysis and renal ward nurses will receive training as part of the induction process.
Training and updates will be facilitated by the lead nurse for haemodialysis and the lead nurse for anticoagulation.
Renal consultants in collaboration with the renal pharmacists will be responsible for facilitating training to all doctors working in the Sussex kidney unit.

Monitoring arrangements
This policy will be reviewed and updated every 3 years.

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