

Guidance for housebound patients on warfarin

The following guidance has been developed to help guide primary care in supporting the safe and appropriate use of oral anticoagulants (OACs) in housebound patients during the pandemic. If GP practices are not normally responsible for dosing the warfarin in their patients then they should ensure that they are liaising with the professional normally responsible for dosing the patients warfarin.

1. GPs and practice pharmacists should ask their DN teams for a list of housebound patients that the DNs take INRs for
2. From that list the GP/pharmacists can use their clinical experience and the national guidance to identify the patients on that list who may be suitable for a switch to a DOAC, if any form of OAC is still indicated.

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0077-Specialty-guide-Anticoagulant-services-and-coronavirus-v1-31-March.pdf>

3. For those patients who may be eligible for switching the practice should then request the bloods and task the DN team to also record in the S1 patient record a patient weight (estimated if not possible) , BP, any clear sign of falls , and get bloods for U&E, LFT and FBC in addition to an INR **the next time the DN is due to visit**
4. Once the bloods are back the GP / pharmacist can then perform an up to date CHA₂DS₂VASc / HASBLED score etc and as appropriate then discuss with the patient /carer whether a switch to a direct-acting oral anticoagulant (DOAC), or even stopping the OAC, is the best/safest option.
5. Once OAC reviewed GP should then task back to the DN team to say if no longer needs INR checks OR if still needs to continue with INRs

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