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<b>Lead Director:</b>	
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<p>Clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using guidelines after the review date. This guideline is for use across Frimley Health and Care ICS only. Any use outside this location will be at the risk of the individual using it.</p>	



## Anticoagulation Prescribing Guidance Overview

The following table is intended to give guidance to healthcare professionals within Frimley Health & Care ICS regarding usual duration and choice of anticoagulant, depending on indication. The choice of agent (LMWH or DOAC) is subject to formulary considerations, so prescribers must check the ICS formulary before choosing which individual agent to prescribe.

For the details for the pathways, please see the original clinical guidelines.

### Information about Discharge from Hospital.

Frimley Health NHS Trust has the following obligations when discharging patients:

- Patients and/or their families or carers to be offered verbal and written information on VTE, including the signs and symptoms to watch for.
- If discharged with prophylaxis, the patient must be provided with verbal and written instructions by the discharging nurse on the indication for prophylaxis, administration of prophylaxis.
- Patients must be made aware of the indication for prophylaxis and how/when to seek help if needed.
- When a patient is discharged the mandatory VTE information on the discharge summary must be completed.
- On discharge the Trust will supply the duration of the course (where course is limited duration). If treatment is ongoing the Trust will supply a minimum of 14 days on discharge. Further supplies to be organised by the anticoagulation clinic/ GP.

### Contact Numbers

For specialist advice please contact the following numbers:

Anti-coagulant Service (FPH): 0300 6134415

Anti-coagulant Service (WPH): 0300 6153964

Pre-Assessment Surgery (FPH- for bridging pre-surgery): 0300 649498

Pre-Assessment Surgery (HWD- for bridging pre-surgery): 0300 6147648

Pre-Assessment Surgery (WPH- for bridging pre-surgery): 0300 6153974



Indication	Agent Class	Duration	Initial Prescription by	Continuing Supplies by	Comments
DVT/ PE	Tmt dose DOAC <b>OR</b> LMWH then warfarin. (LMWH only in cancer)	LMWH for 5/7 or until warfarin reaches INR 2-3 For 3 months- longer term	Hospital	GP/ anticoagulant clinic	Long-term treatment should be considered for <ul style="list-style-type: none"> <li>recurrent thrombosis</li> <li>patients with an on-going risk factor such as cancer</li> <li>a first unprovoked proximal DVT (or PE).</li> <li>Patients to be reviewed in clinic within 3-6 months</li> </ul>
AF: Weight >120kg	Warfarin	Lifelong	Hospital/ GP	GP/ anticoagulant clinic	
AF: Non-metal valve, weight <120kg (non-valvular AF)	Warfarin <b>OR</b> DOAC	Lifelong	Hospital/ GP	GP/ anticoagulant clinic	
AF: Mechanical valve or moderate to severe mitral Stenosis (valvular AF)	Warfarin	Lifelong	Hospital/ GP	GP/ anticoagulant clinic	
Elective Total Hip Replacement	DOAC	35 days	Hospital	Acute Trust	
	Prophylactic LMWH	28 days	Hospital	Acute Trust	
	Prophylactic LMWH	10 days followed by aspirin 75mg for a further 28 days. (low risk patients only)	Hospital	Acute Trust	
Elective Total Knee Replacement	DOAC <b>OR</b> Prophylactic LMWH <b>OR</b> Aspirin 75mg (low risk only)	14 days	Hospital	Acute Trust	
Fractures of Hip, Pelvis or Proximal Femur	Prophylactic LMWH	28- 35 days.	Hospital	Acute Trust	Note: at time of writing, NICE guidance has just been updated from 35 to 28 days. FHFT to update guidance accordingly
Lower Limb Surgery	Prophylactic LMWH <b>OR</b> DOAC	14 days	Hospital	Acute Trust	



Lower limb immobilisation:	Prophylactic LMWH <b>OR</b> DOAC	Consider stopping prophylaxis if lower limb immobilisation continues beyond 42 days.	Hospital	Acute Trust	
Abdominal surgery	Prophylactic LMWH	Min 7 days- up to 28 days (e.g. major cancer surgery in the abdomen)	Hospital	Acute Trust	
Elective surgery	All agents	As per Specialist Advise	Specialist advise	Hospital pre-assessment surgical team	
Thromboprophylaxis-intermediate risk (Antenatal & Postnatal)	Prophylactic LMWH	Until 10 days after birth	Hospital	Acute Trust	If vaginal bleeding occurs, stop therapy & refer
Thromboprophylaxis-high risk (Antenatal & Postnatal)	Prophylactic LMWH	Until 6 weeks after birth	Hospital	Acute Trust	Patient may switch to warfarin post-partum if they wish.
Treatment of VTE during pregnancy	LMWH (Specialist Treatment dose as per Trust Guidelines)	Until 6 weeks from birth <b>OR</b> until at least 3 months of treatment has been given in total.	Hospital	Acute Trust	Refer to the anticoagulation team for ongoing treatment and monitoring. Patient may switch to oral post-partum if they wish.
Treatment and secondary prevention of DVT / PE in patients with cancer.	LMWH or DOAC- dose as per specialist	As advised by specialist	Hospital	Hospital / anticoagulant clinic	
Travel: Prevention of DVT during long flights	Prophylactic LMWH or DOAC	1 dose per flight	Advised by Haematologist (for high risk only)	GP	High risk patients as part of management plan <b>OR</b> private practice for non-high risk (Long flights >4hrs)
COVID thromboprophylaxis	LMWH or DOAC	Max 7 days post discharge	Hospital	Hospital	