



PATIENT LABEL

Home Anticoagulation Support Service (HASS)

Sir Charles Gairdner Hospital

Nedlands, WA 6009

Tel: 0424181640

Fax: (08) 64574731

EMERGENCY DEPARTMENT - THROMBOSIS DISCHARGE LETTER

Date: _____

Dear Doctor / patient

This patient was seen in the Emergency Department at Sir Charles Gairdner Hospital and has been diagnosed with a (circle):

Deep Venous Thrombosis (DVT)

Superficial Vein Thrombosis (SVT)

Our emergency department has diagnosed the event as a (circle):

Provoked

Unprovoked

DVT involving the following veins of the _____

Iliac

Femoral

Popliteal

Posterior tibial

Fibula

Other _____

DVT MANAGEMENT

SCGH ED HAS COMMENCED (authority code is required on the discharge script):

☐

Apixaban 10mg (2x5mg) twice a day for 7 days (Streamline authority code 4098 (initial treatment) / Quantity 28 x 5mg tablets) - **Script provided by SCGH ED**
From day 8 the dose must be reduced to Apixaban 5mg twice a day - **Script to be obtained from GP**

OR

☐

Rivaroxaban 15mg twice a day for 21 days (Streamline authority code 4098 (initial treatment) / Quantity 42 x 15mg tablets) - **Script provided by SCGH ED**
From day 22 the dose must be changed to Rivaroxaban 20mg once a day - **Script to be obtained from GP** **NOTE - This medication must be taken with food**

OR

☐

Warfarin dose titrated to target INR 2.5 (2.0-3.0) with therapeutic **Enoxaparin** (Clexane) bridging until INR >2.0 - **This will be supervised by HASS**
Therapeutic **Enoxaparin** bridging dose of: _____ once a day / twice a day (circle)

Patient Weight _____ kg



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OR

☐

Enoxaparin injection dose of: _____ once a day / twice a day (circle)

Patient Weight _____ kg

It is important that your medication is taken as prescribed for a minimum of _____
(see DVT management page) unless directed by your GP or another hospital physician.

SVT MANAGEMENT

☐

Enoxaparin injection dose of: _____ once a day

Patient Weight _____ kg

OR

☐

Apixaban dose of: _____ once a day (as non PBS script)

OR

☐

Rivaroxaban dose of: _____ once a day (as non PBS script)

It is important that your medication is taken as prescribed for a minimum of _____
(see SVT management page) unless directed by your GP or another hospital physician.

Baseline blood results included the following levels:

Creatinine: _____

Platelet count: _____

Haemoglobin: _____

ALT: _____

Bilirubin: _____

Albumin: _____

We would ask that your GP please repeat these levels in 3 months



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Additional Information

- ☐ A referral has been made to the Home Anticoagulation Support Service (HASS) here at SCGH who will contact you in the upcoming days. They can also be contacted on the phone number provided above should you have any queries.
- ☐ A referral has been made for a Specialist Haematology Outpatient Clinic at SCGH (for unprovoked or recurrent proximal DVT or unprovoked AND recurrent below knee DVT). You should receive a notification for this appointment by mail. If so please attend the clinic as directed or call the provided number (on the appointment notification) to reschedule the time.
- ☐ A referral has been made for your treating Specialist Oncology service (known oncology patients referred to own team). You should receive notification for this appointment by either phone or mail. If so please attend the clinic as directed or call the provided number (on the appointment notification) to reschedule the time.
- ☐ A referral has been made for a Specialist Vascular Surgery Outpatient Clinic at SCGH (for upper limb DVT). You should receive a notification for this appointment by mail. If so please attend the clinic as directed or call the provided number (on the appointment notification) to reschedule the time.
- ☐ You will need to follow up with your General Practitioner for ongoing management and further prescriptions as above.

Kind regards

Treating Physician: _____

Sir Charles Gairdner Hospital

Emergency Department