Guidance for the safe switching of warfarin to direct oral anticoagulants (DOACs) for patients with non-valvular AF during the coronavirus pandemic

National guidance has been produced to support safe switching of warfarin to DOACs during the pandemic in order to avoid regular blood tests for INR monitoring where this might appropriate to:

- Reduce unnecessary risk of exposure to patients and staff
- Support patients unable to attend community clinics
- Support patients who are shielded or in high risk groups.
- Support the system working together to optimise anticoagulant management across LTHT, LCH and Primary Care to ensure that identified patients suitable for switching are reviewed and managed in a timely manner

The anticoagulant service at LTHT is working to switch appropriate patients to DOACs over the next 12 weeks when these patients are identified. The aim is to switch at least 1000 patients and up to 2,000 patients over the next 3 months. Clinicians in primary care with experience in anticoagulation are encouraged to use the attached flow chart and national guidance to support in switching (or stopping) suitable patients identified in primary care in order to support this time critical piece of work. PCNs may wish to think about how they can utilise expertise across the PCN including practice based pharmacists where appropriate.

Patients in the highly vulnerable category who are shielding should be prioritised followed by patients whose time in therapeutic range is <50% or their latest INR is >5 and those in groups considered to be ‘at risk’

- aged 70 or older (regardless of medical conditions)
- under 70 with an underlying health condition listed below (i.e., anyone instructed to get a flu jab as an adult each year on medical grounds):
  - chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
  - chronic heart disease, such as heart failure
  - chronic kidney disease
  - chronic liver disease, such as hepatitis
  - chronic neurological conditions, such as Parkinson’s disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
  - diabetes
  - problems with the spleen – for example, sickle cell disease or splenectomy
- being seriously overweight (a body mass index (BMI) of 40 or above)

The anticoagulant clinic can provide patient lists to support practices in identifying potentially suitable patients by emailing leedsth-tr.acsteam@nhs.net
Searches have been created locally to help identify patients however searches may identify patients unsuitable for switching so review records in line with flow chart before contacting patients. Details of where to find searches can be found on the CCG website here.

The following refresher training resources are also available:

- [https://elearning.rcgp.org.uk/course/view.php?id=262](https://elearning.rcgp.org.uk/course/view.php?id=262) (AF modules 2 and 3)
- [http://nww.lhp.leedsth.nhs.uk/education/AFTraining.aspx](http://nww.lhp.leedsth.nhs.uk/education/AFTraining.aspx)

For those patients remaining on warfarin INR monitoring services will be continuing but community testing sites may be relocated temporarily to facilitate social distancing and segregation of ‘hot’ and ‘cold’ patient flows, reduced clinic numbers are already in place to aid social distancing and with face-to-face testing only with dosing advice undertaken remotely.

Please note: This is an interim solution to reduce the risks of exposing vulnerable patients to COVID-19 and manage workload across the system. This position will be reviewed on an ongoing basis and a full review of commissioning considerations will be undertaken as services return to normal.
Flow Chart for Reviewing Potential Patients:

Indication for Anticoagulation is Non-Valvular AF and patient established on warfarin for more than 3 months

- No
  - Not suitable for switching
- Yes
  - U/E, LFTs and FBC are available within the last 3 months (6 months may be suitable if patient self-isolating/shielding)
    - No
      - Arrange for these bloods to be sent to the lab, along with a venous INR
    - Yes
      - Patient has any of the following:
        - Recent severe bleeding episode
        - Severe uncontrolled hypertension
        - Heritable or acquired coagulopathy
        - Severe liver disease
        - Known thrombocytopenia (platelets < 50)
        - Unexplained significant drop in Hb when bleeding has not been ruled out and Hb is < 100g/l
        - Inability to manage own medication due to cognitive or physical impairment
        - Yes
          - May be safer to stop anticoagulation if any of these are new and the patient is not under the care of haematology or hepatology (check if this has already been considered by haematology)
        - No
          - Patient has any of the following:
            - A prosthetic mechanical valve
            - Moderate to severe mitral stenosis
            - Antiphospholipid antibody syndrome (APLS)
            - Pregnant, breastfeeding or planning a pregnancy
            - Target INR range more than 2.0 – 3.0
            - Severe renal impairment - Creatinine Clearance (CrCl) < 15ml/min
            - Active malignancy/ chemotherapy (unless advised by a specialist)
            - Prescribed interacting drugs – see full guidance
          - Yes
            - Not suitable for switching
        - No
          - Patient is in any of the following groups:
            - Female 16-45 years
            - On triple therapy (dual antiplatelet therapy plus warfarin) without discussing with a cardiologist
            - Weight >150kg
            - Childs Pugh B or C
            - Unstable renal function (>20% change in last 6-12 months)
            - Creatinine Clearance <30ml/min
          - Yes
            - Refer to anticoagulant service (see below)
          - No
            - Patient is on lifelong anticoagulation
              - No
                - Refer to anticoagulant service (see below)
              - Yes
                - Potentially suitable for switch – see full guidance.
                  - Further advice
                  - Switched to DOAC
                    - Yes
                      - Patient can contact anticoagulation clinic on 0113 2067370 OR Send e-referral to the hospital anticoagulant service
                    - No
                      - Email the anticoagulant service leedsthracsteam@nhs.net so that INR follow ups are stopped.
            - Yes
              - For patients who you feel are too complex to switch please send an e-referral (must mark as urgent) to the hospital anticoagulant service.
                OR
                To discuss options for a specific patient please send details through advice and guidance (urgent or routine) to the hospital anticoagulant service

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