

# EFFECTIVE SHARED CARE AGREEMENT OF DALTEPARIN (FRAGMIN®) IN OBSTETRICS

## RESPONSIBILITIES and ROLES

<b>Specialist responsibilities</b>	
1	Discuss the benefits and side effects of treatment with the patient.
2	Check for possible drug interactions with Fragmin® and patient's regular medication. Avoid prescribing interacting drugs.
3	Assess likelihood of compliance.
4	Ensure patient is given sufficient information about their treatment (I.e. Administration of Fragmin®)
5	If administration by the patient or carer is not possible, initiate referral to the district nurse.
6	Ensure accurate weight is recorded in the patient notes and clinic letter.
7	Perform all baseline tests (including FBC, INR, APTT, U&Es and LFTs (repeat FBC within 24 hours if previous exposure to heparin) and ensure a monitoring plan for the patient is in place.
8	Monitor for heparin induced thrombocytopenia in the first 14 days of treatment if necessary.
9	Monitor anti-Xa levels if necessary.
10	Monitor potassium, renal function and platelets if clinically appropriate.
11	Initiate treatment and provide the first 4 weeks supply. Continue to supply medication until care is transferred to GP.
12	Ask the GP whether he or she is willing to participate in shared care and explain the intention to share care with patient/carers and obtain consent.
13	Monitors appropriately as stated on the monitoring requirement.
14	Inform GP of the dose to be prescribed, any changes in dose, when to stop treatment and when to refer the patient back to specialist.
15	Ensure GP has access to blood results for information.
16	Monitor for side effects and report adverse events to the MHRA and GP where appropriate.
17	Inform GP if patient does not attend specialist appointments and action to be taken.
18	Have a mechanism in place to receive rapid referral of a patient from the GP in event of deteriorating clinical condition.
19	Ensure that clear backup arrangements exist for GPs to obtain advice and support.

<b>General Practitioner responsibilities</b>	
1	Reply to the request for shared care as soon as possible.
2	Check for possible drug interactions with Fragmin® and patient's regular medication. Avoid prescribing interacting drugs.
3	Prescribe Fragmin® at the dose recommended and for the specified duration.
4	Adjust the dose as advised by the specialist.
5	Contact the specialist if you suspect the patient is not complying with their medication.
6	Unless exceptional circumstances or urgent issues arise, discuss with the specialist prior to discontinuing treatment.
7	Refer the patient to the specialist if his/her condition deteriorates.
8	Report any suspected adverse events to specialist team and any severe adverse events to MHRA.

<b>Patient's / Carer's role</b>	
1	Administer Fragmin® as recommended by specialist if not being administered by a district nurse.
2	Report to the specialist or GP if he / she does not have a clear understanding of the treatment.
3	Request repeat prescriptions from the GP at least 5 days before the next supply is needed.
4	Attend scheduled appointments with specialist, GP and for monitoring.
5	Share any concerns in relation to treatment with GP or specialist.
6	Inform specialist or GP of any other medication being taken, including over-the-counter products
7	Inform specialist or GP if you feel you are having problems taking your medication or have stopped taking it.
8	Report any adverse effects to the specialist or GP (particularly any unexplained bleeding).

**SUPPORTING INFORMATION EFFECTIVE SHARED CARE AGREEMENT**

Information on therapeutic indication, dosage, method of administration, side effects and management considerations in special populations can be found in the Summary of Product Characteristics for Fragmin® available from [www.medicines.org.uk](http://www.medicines.org.uk)

**Prophylaxis dose:**

Standard and high dose thromboprophylaxis

For pregnant and postpartum patients an obstetric risk assessment proforma is used.

DALTEPARIN DOSES FOR PROPHYLAXIS OF VTE IN PREGNANCY		
Dose of s/c dalteparin		
Early pregnancy weight	Standard dose thromboprophylaxis	High dose thromboprophylaxis
<50 kg	2500 units once daily	2500 units 12-hrly
50–90 kg	5000 units once daily	5000 units 12-hrly
91–130 kg	7500 units once daily	7500 units 12-hrly
131–170 kg	10000 units once daily	10000 units 12-hrly
>170 kg	75 units/kg/day	75 units/kg/12-hrly

Continue prophylactic dalteparin throughout pregnancy and at least 6 weeks postnatally.

**Treatment dose:**

DALTEPARIN DOSES FOR TREATMENT OF VTE IN PREGNANCY	
Early pregnancy weight	Therapeutic dose of s/c dalteparin
<50 kg	5,000 units 12-hrly
50–69 kg	6,000 units 12-hrly
70–90 kg	8,000 units 12-hrly
>90 kg	10,000 units 12-hrly

Patients usually receive

Therapeutic dose dalteparin for 8–12 weeks followed by prophylactic dose for the rest of the pregnancy and at least 6 weeks postnatally OR therapeutic dalteparin throughout pregnancy and at least 6 weeks postnatally.

Treatment should last at least 3 months in total. Postnatally a choice of dalteparin or warfarin should be offered (neither contraindicated in breastfeeding).

**Monitoring requirements**

Monitoring Interval	Full blood count	LFTs	U&Es	INR	APTT	GP or Consultant
Baseline	✓	✓	✓	✓	✓	Consultant
Days 5-14	✓					Consultant
Monthly thereafter	✓*					Consultant or Midwife

\*Only to be continued monthly if patient at risk of thrombocytopenia.

Also consider:

- In patients at high risk of hyperkalaemia at least monthly potassium levels.
- Anti-Xa on the advice of a consultant haematologist.

**Primary Care Costs**

Product	Pack size	Cost per OP
Fragmin® 2,500 units (0.2ml) single dose syringe	10 syringes	£18.58
Fragmin® 5,000 units (0.2ml) single dose syringe	10 syringes	£28.23
Fragmin® 7,500 units (0.3ml) single dose syringe	10 syringes	£42.34
Fragmin® 10,000 units (0.4ml) single dose syringe	5 syringes	£28.28
Fragmin® 10,000 units/ml graduated syringe	5 syringes	£28.23

Additional information which cannot be found in the SPC

**BACK-UP ADVICE AND SUPPORT**

Contact details	Telephone No.	Bleep :	Fax:	Email address:
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