

Joint Shared Care Guidelines

Drug	Tinzaparin Injection pre-filled syringes 3,500 units/0.35mL & 4,500 units/0.45mL								
Specialty	Obstetrics								
Indication	Prophylaxis for Venous Thromboembolism (VTE) in ante- and post-natal women (high risk)								
Overview	Tinzaparin is a low molecular weight heparin (LMWH) given by subcutaneous injection once a day, and is used in both ante and post-natal situations for prevention of VTE, for those defined as high risk after assessment of the risk and benefit as defined by RCOG (Royal College of Obstetrics and Gynaecology) guidance. Note this is an off licence indication, however it is recommended by RCOG national guidance.								
Hospital specialist's responsibilities	<p>Initial investigations: Assessment of risk and benefit, decision to treat.</p> <p>Initial regimen: Daily by sub-cutaneous injection for the duration of the risk determined by risk assessment tool Dose banded dosing: <i><50kg = 3500 units per day</i> <i>50-90kg = 4500 units per day</i> <i>91-130kg = 3500 units twice daily</i> <i>131-170kg = 4500 units twice daily (or 9000 units once daily)</i> <i>>170kg = 75 units/kg/day (can be split in 2 divided doses)</i></p> <p>Clinical monitoring: None required except in at risk groups. Monitoring then recommended monthly</p> <p>Safety monitoring: Full blood count completed at antenatal booking appointment. Platelets and potassium to be monitored only if any concern highlighted in initial blood screening. Renal function to be monitored if patient known to have any renal condition or impairment.</p> <p>Prescribing arrangements: Initial 30 day supply from hospital (with sharps bin). Further supplies from hospital or prescribing midwife if convenient for the patient. In all other situations to be supplied by GP as per shared care agreement.</p> <p>Documentation: Risk assessment and initial regimen documented at hospital</p> <p>Documentation for GP: Completion of GP recommendation form if requesting GP to provide further supplies</p> <p>Other: Provision of patient education, counselling and information</p>								
GP's responsibilities	<p>Prescribing arrangements: As above</p> <p>Clinical monitoring: None required</p> <p>Safety monitoring: Only at the agreed request of the hospital specialist</p> <p>Duration of treatment: As defined in GP recommendation form</p> <p>Documentation: Record of supplies only</p>								
Adverse events	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Adverse Event</th> <th style="text-align: left;">Action</th> </tr> </thead> <tbody> <tr> <td>Thrombocytopenia</td> <td>If platelets fall below 50% of baseline count discontinue immediately and refer for emergency assessment for Heparin Induced Thrombocytopenia (HIT)</td> </tr> <tr> <td>Hyperkalaemia</td> <td>If potassium rises above 5.5mmol/L, inform specialist promptly and seek advice regarding continuation of therapy.</td> </tr> <tr> <td>Allergy to a component</td> <td>Discontinue immediately and inform specialist promptly.</td> </tr> </tbody> </table>	Adverse Event	Action	Thrombocytopenia	If platelets fall below 50% of baseline count discontinue immediately and refer for emergency assessment for Heparin Induced Thrombocytopenia (HIT)	Hyperkalaemia	If potassium rises above 5.5mmol/L, inform specialist promptly and seek advice regarding continuation of therapy.	Allergy to a component	Discontinue immediately and inform specialist promptly.
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Allergy to a component	Discontinue immediately and inform specialist promptly.								
Other information	Refer to the Summary of Product Characteristics (SPC) for a full list of adverse effects, and the current BNF for up to date prescribing information.								
Contact details	<p>Name: _____ GMC No: _____</p> <p>Address: _____</p> <p>Telephone No: _____</p>								