VANCOUVER ISLAND health authority
SOUTH ISLAND REGION

PHYSICIAN

02-APR-1920 (F)
*MACDOUGALL, WILLIAM GREGORY

☐ ADMISSION HISTORY
☐ CONSULTATION
☐ PROGRESS NOTE

DATE	TIME	
Apr	19/2010	
	1330h	CC/HPI: swollen@leg x 10 days, red/discolored/ thigh->ankle, ↓pain Dx: extensive (L) DVT from iliac vein -> popliteal vein Wt: 64.5 Kg non-smoker Hospitalized in Feb 26-28/2010. PMHx: born w/ heart murmur; hyperthyroidism?, osteoporosis RISK factors: varicose veins, normally uses scooter (↓mobility) & Kidney/liver disease NKA. Current meds: none. Missed Saturday's warfarin dose. Plan: anticoagulate, find family doctor. H Chen BSc (Pharm)

99 - 01 - 0270 - 0 (Revised 04/00)

VANCOUVER ISLAND health authority

PHYSICIANS ORDERS

[redacted] 92005853464 (F)

[redacted]

DATE	TIME	MEDICATION - DOSE - ROUTE - FREQUENCY - DURATION
9 Apr 10		Pt taking own 6mg/day warfarin and self injecting. Next clinic visit Monday.
9 Apr 10		Please give Friday's dalteparin dose and warfarin 6mg dose in the clinic (H Chui BSc Pharm)
12 Apr 10		- ↑ warfarin to 8mg PO daily - Patient to take own prescription - Will return Thursday for follow up. (H Chui BSc Pharm)
15 Apr 10 1430h		- ↑ warfarin to 10mg/day x 3 days (T/Fri/Sat) - then 8mg/day (Sunday) - Patient to take own warfarin. (H Chui BSc Pharm)
Apr 20/2010 1325h		- ↑ warfarin 10mg PO daily today and tomorrow - Pt to use own home warfarin supply and to return to clinic on Thursday (H. Chui BSc Pharm)

[redacted] 92005853464
13-NOV-1977 (F)
[redacted]

[redacted]

VANCOUVER ISLAND health authority

PHYSICIANS ORDERS

Baldrau, Michael

DATE	TIME	MEDICATION - DOSE - ROUTE - FREQUENCY - DURATION
Apr 22 2010	1300h	- ↑ warfarin to 11 mg daily - Patient to take own warfarin and continue dalteparin self injections. - Will return to clinic on Monday. (H Chui BSc Pharm) [redacted], BSc Pharm
Apr 26 2010	1300h	- ↑ warfarin to 13mg daily - Patient to take own warfarin and continue dalteparin at home - Transfer to Walmart in Duncan (5mg + 2mg tabs) (H Chui BSc Pharm)

DATE	TIME	
		Meds: ø meds ø vitamins/herbals.
		d/E CNS c Lungs clear. SpO_2 99 % HR 80 reg ø SOB ø CP ø Rib pain BP 109/75. (R) = (L) leg. ø PTS.
		Esquimalt Rx (P) Anticoagulate.
9/Apr/2010		- Phoned Dr Buchan's office to notify her of patient's admission to clinic. - No answer will try again Monday Apr 12/2010 H Chui Bsc(Pharm)
15/Apr/2010		- Patient has taken 8mg a day of Fraxiparin from Apr 12-14.
9 Apr 2010		- Pt did not show up today. - ø lab work done - Phoned pt, she will try to come tomorrow. - Has enough dalteparin injection. H Chui Bsc(Pharm)

VANCOUVER ISLAND health authority
SOUTH ISLAND REGION

PHYSICIAN

[redacted] 92005853464 (F)
*BIRCHAM, DEBORAH JOY

[redacted]

☐ ADMISSION HISTORY
☐ CONSULTATION
☐ PROGRESS NOTE

DATE	TIME	
20 Apr 2010	13:15h	- Patient has been injecting daily dalteparin since last visit. - Missed last Thursday's warfarin dose (10mg) and yesterday's warfarin dose (8mg) - Plan: patient to return Thursday Apr 22/2010 and she will take warfarin 10mg daily x 2 days. H Chui BSc(Pharm)
22 Apr 2010	13:30h	- Patient compliant with 10mg dose on Tuesday + Wednesday. - Will increase dose to 11mg daily until Monday. Will return to clinic on Monday H Chui BSc(Pharm)
26 Apr 2010		- Patient compliant with 11mg warfarin - Will need to ↑ warfarin 13mg daily - To return on Thursday - Call from Walmart to add 5mg and 1mg tablets. H Chui BSc(Pharm)

VANCOUVER ISLAND health authority

PHYSICIANS
~~ORDERS~~
NOTES

[redacted]
14-JAN-1989 (M) 92005905330
[redacted]

DATE	TIME	MEDICATION - DOSE - ROUTE - FREQUENCY - DURATION
Apr 22/20		CC/HPI: Swollen (R) arm X 3wks
1340h		Wt: 87.5kg
		Dx: (R) Subclavian DVT
		PMHx: ? clot in left arm last year
		Family Hx: ø → not investigated
		Risk factors: training for basketball team?
		ø Liver/kidneys problems.
		Medications: Yearly multivitamin.
		Hematologist referral / need to find GP
		Allen (BSc Pharm

FAX TO PHARMACY

VANCOUVER ISLAND health authority
SOUTH ISLAND REGION

PHYSICIAN

☐ ADMISSION HISTORY
☐ CONSULTATION
☑ PROGRESS NOTE

[redacted] 9200591787b (F)

DATE	TIME	
Apr 26 2010		CC/HPI: ↑SOB and tachycardia since Saturday night nonsmoker. Ox: PE (multiple BL) Wt: 93.8kg PMHx: colorectal CA 2006, chemo 2057, PE in 2006 (post op), hypertension, cancer in remission currently, ? AF, poor circulation, GERD, chronic lower back pain Risk factors: previous PE (2006), progesterone, was on Estrace a few months ago, & kidney/liver impairment Current meds: venlafaxine 300mg daily, zopiclone qhs, lorazepam 1mg SL prn for sleep/muscle spasms, bioidentical hormone replacement daily (progesterone), rabeprazole daily, Gaviscon 6 tabs a day, Avalide ? daily, Tiazac ? daily, celecoxib 50mg BID for pain, Vit D 4000 units daily - 2006 → was on warfarin X~1yr after PE - Plan: continue warfarin + contact GP H Choi (Dr)

99 - 01 - 0270 - 0 (Revised 04/00)

VANCOUVER ISLAND health authority

PHYSICIANS ORDERS

[redacted] (F)

DATE	TIME	MEDICATION - DOSE - ROUTE - FREQUENCY - DURATION
Apr 21/2010	1310h	↑ warfarin to 10mg today. Reassess tomorrow. H Chui BSc(Pharm)
Apr 22/2010	1340h	Give warfarin 10mg today. Reassess tomorrow. H. Chui BSc(Pharm) [redacted], BSCPharm
23 Apr 2010		Warfarin 15mg PO x1 today then starting tomorrow: - IF INR ≤ 2.0 give warfarin 13mg daily otherwise have pharmacist reassess. BScPhm I. Trimble 978-2512
23 Apr 2010		Warfarin 14mg PO today. IF INR ≤ 3 give warfarin 14mg daily. [redacted], BSCPharm

1

VANCOUVER ISLAND health authority
SOUTH ISLAND REGION

PHYSICIAN

[redacted] 337246 92005889994
C1-NOV-1983 (F)
*FRASER, BROCK REGINALD

☐ ADMISSION HISTORY
☐ CONSULTATION
☐ PROGRESS NOTE

[redacted]

DATE	TIME	
		ACL repair last Monday, → calf pain → ER
		Meds: hydromorphone Tramacet Gabapentin celecoxib. } post-op, done now.
		Fam Hx: sister has cancer. no significant PMH.
		Explained clinic, brief warfarin teaching & suggested she attend class.
		Referred to Drs. Hart & Yee and I have phoned her family doctor. BScPhm I. Trimble 978-2512
Apr 20/2010	1330h	Patient was on Diane 35 (ocp), was stopped on April 11/2010. She was on it for 6 years. Last night she noticed some spotting. Will continue to follow over next few days. (J Chui, BSc Pharm)
23 Apr 2010		Patient reports spotting has decreased and almost stopped. BScPhm

Page 2

Royal Jubilee Hospital DT3539
Cardiac Services & DVT Clinic
1952 Bay St.
Victoria, B.C. V8R 1J8

Telephone: (250) 370-8000 EXT 2418
FAX: (250) 370-8762
Email: resmith@caphealth.org
Pager: (250) 389-8398

Reginald E. Smith, B.Sc.(Pharm.), Pharm.D.

CLINICAL PHARMACY SPECIALIST
Cardiovascular Medicine & Anticoagulation

Clinical Summary: Thrombosis Clinic **Date:** Apr 29 / 2010

Re: [redacted] DOB: [redacted]

This patient was admitted to the outpatient DVT program on Apr 18/2010 for treatment of DVT (R) calf by Dr Wood

Apparent Risk factors for DVT/PE

- ☐ No apparent risk factors (idiopathic)
- ☐ Cancer
- ☐ Immobility
- ☐ Car/Plane Travel
- ☐ Previous Pulmonary Embolism/DVT
- ☐ Genetic Thrombophilia
- ☑ Recent surgery
- ☑ Other oral contraceptive

Anticoagulation Warfarin:

Date	Apr 20	Apr 21	Apr 22	Apr 23	Apr 24	Apr 25	Apr 26	Apr 27	Apr 28	Apr 29
INR	1.1	1.1	1.2	1.3	1.6	1.8	1.9	1.9	2.3	2.2
Dose	7.5mg	10mg	10mg	15mg	13mg	13mg	14mg	14mg	14mg	14mg

Recommendations

The patient was discharged on 14 mg/day of warfarin and has a supply of 5mg + 2mg mg warfarin tablets. The next INR will be done on Monday, May 3 2010 which will be acted on by Dr Brock Fraser.

Duration of Anticoagulation

- ☑ DVT with temporary risk factor (ie surgery/travel). 3-6 months INR 2-3
- ☐ Continuing Risk Factor (recurrent DVT, active cancer, thrombophilia). Long term anticoagulation recommended while risk factor present, INR 2-3 (years to indefinite)
- ☐ Other _____
- ☐ Hematology Consult Initiated To _____

Reginald E. Smith, Pharm.D.
Pager 389-8398 (Numeric Messages Only)

H Chui Bsc(Pharm)

FAXED Apr 29 2010 13:00h