

REFERRAL FOR WATCHMAN

We are now offering a left atrial appendage closure device for patients with non-valvular atrial fibrillation with increased risk of stroke (CHA₂DS₂VASc of ≥ 2 or CHA₂DS₂VASc of ≥ 3 for Medicare patients) who need an alternative to long-term blood thinners. Specific factors may include a history of major bleeding while taking oral anticoagulants, a career or lifestyle that increases the risk of major bleeding, or prior experience of being inadequately controlled on oral anticoagulants. Patients must be suitable for short-term warfarin therapy post-procedure. If your patient is a candidate and you have had that conversation with your patient, please show evidence of Shared Decision Making and place a WATCHMAN referral.

In order to show **Shared Decision Making** for this patient, please include in your documentation:

- 1 | “Based on their past history, it has been determined that they are a poor candidate for long-term oral-anticoagulation, however may be tolerant of short-term treatment with warfarin as necessary.”
- 2 | “We have discussed their unique stroke and bleeding risk both on and off oral anticoagulation, and the rationale for this referral. Their individual CHA₂DS₂-VASc stroke risk score, based on past history is ...”
- 3 | “Based on both stroke and bleeding risk, a shared decision has been made to pursue closure of the left atrial appendage as a safe and effective alternative to oral anticoagulant therapy for stroke prophylaxis and to reduce their long term risk of incidence of intra cerebral bleeding.”

If you are unsure if your patient is a candidate, we have included a checklist, risk score calculator and referral information. We will be happy to assess your patient’s eligibility and will communicate back with you upon conclusion of our assessment.

You may use the referral form provided and fax to: **217-223-4692**

You may call the WATCHMAN referral line: **217-214-3444**



blessinghealth.org/watchman



BROADWAY AT 11TH STREET • QUINCY, ILLINOIS

WATCHMAN REFERRAL FORM

PATIENT NAME _____ DOB _____

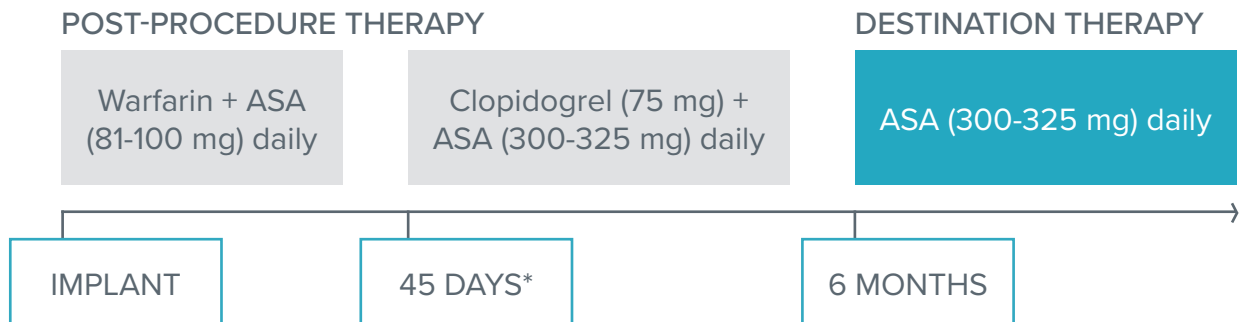
PHONE NUMBER _____

CURRENT DRUG REGIMEN _____ CHA₂DS₂VASc _____

Yes No

- Patient has Non-Valvular Atrial Fibrillation (NVAF)
- Patient has an increased risk for stroke and is recommended for oral anticoagulation (OAC)
CHA₂DS₂VASc of ≥ 2 (or CHA₂DS₂VASc of ≥ 3 for Medicare patients). See table.
- Patient is suitable for short-term warfarin therapy but deemed unable to take long-term OAC.

WATCHMAN POST IMPLANT DRUG REGIMEN



*At TEE. If leak > 5 mm, patients remain on warfarin + ASA until seal is documented (leak ≤ 5 mm), skipping the Clopidogrel + ASA pharmacotherapy.

- Patient has an appropriate rationale to seek a non-pharmacologic alternative to warfarin. Specific factors may include one or more of the following:
 - History of bleeding or increased bleeding risk. See HAS-BLED table.
 - History or risk of falls.
 - Documented poor compliance with OAC therapy.
 - Inability or difficulty maintaining therapeutic range.
 - Increased bleeding risk not reflected by the HAS-BLED score (e.g. thrombocytopenia, cancer or risk of tumor associated bleeding in case of systemic anticoagulation)
 - Occupation/lifestyle that puts patient at an increased bleeding risk.
 - Severe renal failure.
 - Avoidance of triple therapy after PCI or TAVR.
 - Other situations for which OAC is inappropriate.
 - Drug or medication regimen not compatible with oral anticoagulant therapy.

REFERRING DR. _____

PHONE NUMBER _____ DATE OF REFERRAL _____

CHA₂DS₂VASc SCORE (STROKE RISK)

| | CONDITION | POINTS |
|---------------------|--------------------------------------|--------|
| C | Congestive Heart Failure | 1 |
| H | Hypertension (SBP > 160) | 1 |
| A ₂ | Age ≥ 75 Years | 2 |
| D | Diabetes Mellitus | 1 |
| S ₂ | Prior stroke, TIA or Thromboembolism | 2 |
| V | Vascular Disease (PAD, MI) | 1 |
| Sc | Sex Category (Female) | 1 |
| A | Age 65-74 Years | 1 |
| TOTAL POINTS | | |

| SCORE | YEARLY STROKE RISK (%) |
|-------|------------------------|
| 0 | 0 |
| 1 | 1.3 |
| 2 | 2.2 |
| 3 | 3.2 |
| 4 | 4.0 |
| 5 | 6.7 |
| 6 | 9.8 |
| 7 | 9.6 |
| 8 | 6.7 |
| 9 | 15.2 |

HAS-BLED SCORE (BLEEDING RISK WITH WARFARIN)

| | CONDITION | POINTS |
|---------------------|---|--------|
| H | Hypertension | 1 |
| A | Abnormal Renal/Liver Function (1 point each) | 1 or 2 |
| S | Hemorrhagic Stroke | 1 |
| B | Bleeding History of Disposition | 1 |
| L | Labile | 1 |
| E | Elderly | 1 |
| D | Current Drugs (medication)/Alcohol Use (1 point each) | 1 or 2 |
| TOTAL POINTS | | |

| SCORE | YEARLY MAJOR BLEEDING RISK (%) |
|-------|--------------------------------|
| 0 | 1.13 |
| 1 | 1.02 |
| 2 | 1.88 |
| 3 | 3.74 |
| 4 | 8.7 |
| 5+ | 12.5 |