

Peer support meeting notes hospital exemplar

How did you meet	In person ⊠	Online 🗆	A mix 🔲	
Date:		1/03/2021		
Approximate length of	f meeting:	30 minutes		
Name of attendees			Indicate profession if not a pharmacist	
Pharmacist 1 Pharmacist 2 Pharmacist 3 Pharmacist 4			Click or tap here to enter text.	
Summary of discussion	n			

Case presentation

78 y.o. NZ European female presents with swollen legs and shortness of breath History of CHF (furosemide 80mg daily, perindopril 4mg daily), AF (metoprolol 95mg daily, dabigatran 150mg twice daily)

Diuresis with IV furosemide and transitioned back onto oral furosemide on discharge On review noted serum creatinine trending upwards over recent years. Currently 150umol/L after diuresis to near euvolemic state (61kg) target weight 60kg. GP routine testing from 3 months ago creatinine 144umol/L

CrCl calculated to be ~ 25-30mL/min (using Cockcroft-Gault)

Discussion

Anti-coagulation use in those with reduced renal function.

- Discussed available oral anti-coagulants available in NZ under subsidy; warfarin, dabigatran and rivaroxaban
- Discussed safety of use in reduced renal function < 30mL/min; warfarin avoided in severe renal impairment, rivaroxaban use at reduced dose in renal function 15-29mL/min however dabigatran contraindicated in renal function <30mL/min
- Discussed how to transition from one oral anticoagulant to another (see bpac link below with a summary on how to do this)
- Discussed important counselling points to inform the patient of when changing oral anticoagulant

Name o	f note taker
(optiona	al)

Pharmacist 2

Personal reflection on meeting (optional)

It was nice to get everyone thoughts and opinions on how to handle this situation. This meeting gave me the opportunity to review my understanding of the various oral anticoagulants available in NZ and gain knowledge from others experiences of similar situations. I particularly found it rewarding to discuss on how to counsel someone changing oral anti-coagulant as everyone had a slightly different approach however the same key messages were emphasised. I feel more confident now in advising about the various oral anti-coagulants and handling a situation like this should it arise again.

Links to relevant references or supporting information (optional)

https://bpac.org.nz/2018/docs/rivaroxaban.pdf