

Month/Year:

Warfarin Sodium (Coumadin) Medication Sheet

Allergies:

		Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Start:	Generic:	<i>Warfarin sodium</i>																																
	Brand:	<i>Coumadin</i>																																
	Strength:			<i>4 PM</i>	X		X		X		X		X		X		X		X		X		X		X		X		X		X		X	
Stop:	Amount:		Dose:	<i>2nd check</i>																														
	Frequency:	<i>Every other Evening</i>		Special Instructions/Precautions: <i>Watch for bleeding</i> <i>Alternate dose with Coumadin ____ mg on _____</i>																			Reason: <i>Prevents blood clots from forming or growing larger</i>											
	Route:	<i>By Mouth</i>																																
		Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Start:	Generic:	<i>Warfarin sodium</i>																																
	Brand:	<i>Coumadin</i>																																
	Strength:			<i>4 PM</i>		X		X		X		X		X		X		X		X		X		X		X		X		X		X		
Stop:	Amount:		Dose:	<i>2nd check</i>																														
	Frequency:	<i>Every other Evening</i>		Special Instructions/Precautions: <i>Watch for bleeding</i> <i>Alternate dose with Coumadin ____ mg on _____</i>																			Reason: <i>Prevents blood clots from forming or growing larger</i>											
	Route:	<i>By Mouth</i>																																
		Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Start:		<i>PT</i>																																
		<i>PT/INR BLOODWORK</i>		<i>INR</i>																														
		<i>NEXT PT/INR BLOODWORK</i>		<i>Next lab date</i>																														
Stop:				Special Instructions/Precautions: <i>Record lab results above</i>																			Reason: <i>Prescribed Coumadin</i>											

Name:	CODES	Initials	Signature	Initials	Signature		
	MNA-Medication Not Administered						
	A-Absent						
	DP-Day Program						
Site:	H-Hospital						
	V-Vacation						
	P-Packaged						
	W-Work						
	LOA-Leave of Absence						
	NSS-No Second Staff Available						
	OSA-Off Site Administration						
Accuracy check 1		Date/Time		Accuracy check 2		Date/Time	