SAMPLE

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: | *Warfarin sodium* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Brand: | *Coumadin* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Strength: |  | *4 PM* | X |  | X |  | X |  | X |  | X |  | X |  | X |  | X |  | X |  | X |  | X |  | X |  | X |  | X |  | X |  | X |
| Stop: | Amount: |  | Dose: | *2nd check* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Frequency: | *Every other Evening* | Special Instructions/Precautions: *Watch for bleeding**Alternate dose with Coumadin mg on*  | Reason: *Prevents blood clots from forming or growing**larger* |
| Route: | *By Mouth* |
|  |  | 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: | *Warfarin sodium* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Brand: | *Coumadin* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Strength: |  | *4 PM* |  | X |  | X |  | X |  | X |  | X |  | X |  | X |  | X |  | X |  | X |  | X |  | X |  | X |  | X |  | X |  |
| Stop: | Amount: |  | Dose: | *2nd check* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Frequency: | *Every other Evening* | Special Instructions/Precautions: *Watch for bleeding Alternate dose with Coumadin mg on*  | Reason: *Prevents blood clots from forming or growing**larger* |
| Route: | *By Mouth* |
|  |  | 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: |  | *PT* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *PT/INR BLOODWORK* | *INR* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *NEXT PT/INR BLOODWORK* | *Next lab**date* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stop: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Special Instructions/Precautions: *Record lab results above* | Reason: *Prescribed Coumadin* |
|  |

THIS MEDICATION SHEET TO BE USED FOR COUMADIN ORDERS ONLY

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: | CODES | Initials | Signature | Initials | Signature |
| A-Absent |  |  |  |  |
| DP-Day Program |  |  |  |  |
| H-Hospital |  |  |  |  |
| Site: | 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 |

Page of Rev-06-28-23