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* | | | | | | | | | | | | | | | | | | | | | | | | |
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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 | |

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