

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>																														
Stop:	Amount:		Dose:	<i>2nd check</i>																														
	Frequency:	<i>Every Evening</i>		<u>Special Instructions/Precautions:</u> <i>Watch for bleeding</i>																		<u>Reason:</u> <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:	Amount:		Dose:																															
	Frequency:			<u>Special Instructions/Precautions:</u> <i>Record lab results above</i>																		<u>Reason:</u> <i>Prescribed Coumadin</i>												
	Route:																																	
		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:																																	
	Brand:																																	
	Strength:																																	
Stop:	Amount:		Dose:																															
	Frequency:			<u>Special Instructions/Precautions:</u>																		<u>Reason:</u>												
	Route:																																	

**THIS MEDICATION SHEET TO BE USED FOR COUMADIN ORDERS ONLY**

Name:	CODES	Initials	Signature	Initials	Signature
	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		