*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* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |
| Stop: | Amount: |  | Dose: | | *2nd check* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |
| Frequency: | *Every Evening* | | | Special Instructions/Precautions:  *Watch for bleeding* | | | | | | | | | | | | | | | | | | | | | 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* | | | | | | | | | | | |
|  | | | |
|  |  | | | | 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: |  | | | Special Instructions/Precautions: | | | | | | | | | | | | | | | | | | | | | Reason: | | | | | | | | | | | |
| Route: |  | | |

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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