

Warfarin Sodium (Coumadin) Therapy Protocol

A. Health Care Provider Section *(to be completed by the HCP):*

1. Person's Name:			
2. Allergies:			
3. Specific medical condition or diagnosis that is indication for Warfarin sodium:			
4. INR target range/goal:			
5. Adverse effects to watch for:			
6. When to call Health Care Provider (HCP) and/or 911:			
7. Special instructions/other:			
8. Instructions to follow when Warfarin sodium dosage is not administered (omitted):			
Health Care Provider Name (Print):			
Health Care Provider Contact Information:			
HCP Signature:		Date:	Time:
Posted:		Date:	Time:
Verified:		Date:	Time:

B. Service Provider Section *(to be completed by the Service Provider):*

1. Describe how and where the PT/INR lab work is obtained (e.g., laboratory name/address, HCP office, VNA, etc.):	
2. Describe how the INR lab results are reported to the prescribing HCP:	
3. Describe how new, signed HCP Orders for Warfarin sodium dose changes are received by the MAP Registered site:	
4. Describe how the pharmacy is notified of Warfarin sodium dose changes:	
5. Describe how the MAP Registered site obtains the Warfarin sodium from the pharmacy:	
6. Consulting pharmacy contact information:	
7. Describe how the Warfarin sodium changes are communicated to all staff (e.g., medication progress note, narrative note, flow sheet, etc.):	