Warfarin Sodium (Coumadin) Therapy Protocol

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

SAMPLE

Rev-06-28-23

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| 1. Person’s Name: |  |
| 2. Allergies: |  |
| 3. Specific medical condition or diagnosis that isindication 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 ofWarfarin 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., medicationprogress note, narrative note, flow sheet, etc.): |  |