Oral Anticoagulation flow sheet

Name:	DOB: ___/___/___	MR:________	Telephone:______________	Page :_____

Dx. (circle)	Atrial Fibrillation	DVT recent	CVA/ TIA	Cardiomyopathy	PE	Myocardial Infarction (old)	DVT recurrent	Prosthetic Valve	Other
INR Goal	2-3	2-3	2-3	2-3	2-3	2-3	2-3	2.5-3.5	

Risk Factors (circle) HTN Age >65 CHF class 4 Documented Non-adherence Cancer Severe anemia Fall/injury risk Hemodialysis ETOH abuse

Provider: **Pharmacy:**

Date of INR	/ /	/ /	/ /	/ /	/ /	/ /	/ /
INR result							
Warfarin dose Before INR							
Warfarin dose Changed to							
Date dose change is effective	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Next INR test due on	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Date of INR	/ /	/ /	/ /	/ /	/ /	/ /	/ /
INR result							
Warfarin dose Before INR							
Warfarin dose Changed to							
Date dose change is effective	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Next INR test due on	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Date of INR	/ /	/ /	/ /	/ /	/ /	/ /	/ /
INR result							
Warfarin dose Before INR							
Warfarin dose Changed to							
Date dose change is effective	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Next INR test due on	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__

Range	Bleeding?	Action recommended
>Range<5	No sig.Bleed	Lower the dose or omit a dose and resume Rx. At lower dose. If INR is only minimally ↑, no dose reduction required *(Grade 2 C)* *
5.0< INR<9	No bleed. or No significant bleeding	·Omit next 1 or 2 doses or · If patient @ risk of bleeding: omit dose and give Vit K orally 1-2.5 mg ·If rapid reversal needed or urgent surgery omit dose + Vit. K oral 2-4 mg (INR should ✓ w/in 24hr. • If INR still ▲ give vit K oral 1-2 mg) *(Grade 2C compared with no treatment)* *
>9.0	No bleeding	•Hold warfarin •Give Vit. K Orally 3-5 mg. •Expect INR to ↓ w/in 24-48 hrs. ✓INR more frequently & give more Vit. K if needed. •Resume Warfarin @ lower dose when INR in target. *(Grade 2 C compared to no treatment)* *
>20	Serious bleeding	•Hold warfarin. Give Vit K 10 mg. By slow IV + FFP or prothrombin complex concentrate depending on the urgency •Vit. K can be repeated Q 12 hrs. *(Grade 2 C)* *
Any Value	Life threatening	Hold warfarin, give prothrombin complex concentrate supplemented with Vit K 10 mg. By slow infusion

* ACCP Consensus Conf. Guidelines : 1A +strong recommendation → 2 C very weak recommendation (*Chest,* Jan 2001 Supplement)

Notes

Warfarin Initial Dosing Guidelines for adults

Begin at 1 for inpatient initiation; begin at 3d for outpatient initiation

	Warfarin Dose		
Dosing approach	**Day 1**	**Day 2**	**Day 3**
Rapid	**5-10 mg**	**5 mg**	**2.5-7.5 mg.**
Non-rapid	**5 mg**	**5 mg**	**2.5-7.5 mg.**