MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see requiring document. Form is not valid without Requiring Document, Issuance Date, Local Form Number, and Edition Date.

REQUIRING DOCUMENT *(Title and Number)*	ISSUANCE DATE
LOCAL FORM TITLE *(Optional)*	

Physicians – Please use this order form on initial warfarin order. Future orders for warfarin may be written on 508

- Use guidelines from the NHB Anticoagulation Plan (NHBINST6710.12), guidelines on back of this order.
- Please Check / Fill-In All Appropriate Orders.
- Sign, Date, and Time Orders

Med Allergies: _____ ☐ NKDA

INDICATION:

☐ AFIB ☐ DVT ☐ PE ☐ VALVE Other _____

INR GOAL:

☐ 2.0 to 3.0 ☐ 2.5 to 3.5 Other_____

LABS: ☐ Baseline CBC and PT/INR if not already done.

☒ Order PT/INR ☐ once daily ☐ every _____ days

☐ Order CBC ☐ every _____ day(s)

NURSING:

☒ Please order "Coumadin Diet" for patient. ☐ **PHARMACY:** Please educate patient for anticoagulation/warfarin therapy.

WARFARIN INITIATION ORDERS (Patient has not been on warfarin)

☐ Warfarin 5mg PO X1 ☐ now ☐ at 1700

☐ Warfarin ____mg PO X1 ☐ now ☐ at 1700

WARFARIN MAINTENANCE ORDERS (Patient has been on warfarin)

☐ Warfarin _____ mg PO Daily in the evening

☐ Weekly Schedule

- o Warfarin _____mg on Sunday
- o Warfarin _____ mg on Monday
- o Warfarin _____ mg on Tuesday
- o Warfarin _____ mg on Wednesday
- o Warfarin _____ mg on Thursday
- o Warfarin _____ mg on Friday
- o Warfarin _____ mg on Saturday

Send consult to "b_Coumadin" to set post-discharge care by the NHB Coumadin Clinic if patient has PCM at NHB.

PRACTITIONER'S NAME	PRACTITIONER'S SIGNATURE	DATE
PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; SSN; Sex; Date of Birth; Rank/Grade.)*	HOSPITAL OR MEDICAL FACILITY	STATUS
	DEPARTMENT / SERVICE	RECORDS MAINTAINED AT
	SPONSOR'S NAME	SSN
	RELATIONSHIP TO SPONSOR	

Initiation of Warfarin Therapy

Protocol Information

(Back Page)

- **Check contraindication for warfarin therapy.**

Some Absolute Contraindications	Some Relative Contraindications
Active bleeding	Uncontrolled hypertension
Non-compliance	Severe liver disease
First trimester of pregnancy	Recent surgery of nervous system/eye

- **Target Therapeutic Range**
  - Most INR ranges are 2.0 to 3.0, with many mechanical heart valves at a range of 2.5 to 3.5.

  Patients with prior thromboembolism when INR was already at 2.0 to 3.0 and those with antiphospholipid antibody syndrome may also have higher ranges. ACCP Chest Guidelines 2008 has a complete list of indications and ranges.
- **Dosing**
  - Obtain the baseline INR prior to first warfarin dose. If high consider lower initial warfarin dose.
  - Initial warfarin doses in most patients should be 5mg daily.
  - ACCP guidelines are 5 to 10mg for one to two days for most people, then after two days subsequent dosing based on INR.
  - Loading doses are not recommended.

    A starting dose of less than 5mg daily may be considered for patients with the following:

*Recommend lower starting doses in below conditions. *ACCP (8th ed)*			
Elderly*	Liver disease*	HCT < 30	NPO
Diarrhea	Malignancy	Hyperthyroidism	Fever
Debilitated*	Recent Bleeding	Malnourished*	CHF*
Recent Major Surgery*		Using meds that increase INR (amiodarone or high dose acetaminophen)*	
Elevated Baseline INR		Increased risk of bleeding	

  - Nomogram at right may be helpful in initiating warfarin ⇨

- **Monitoring/Frequency**
  - Obtain baseline INR and CBC prior to starting warfarin.
  - INR should be monitored daily or close to daily while an inpatient until the is therapeutic, then 2 - 3 times weekly.
  - Follow-up after hospital discharge; stable patients- next INR should be in 3 days, for unstable patients- next INR may be sooner.
- **Maintenance Dosing of Warfarin**
  - Table below can be used along with other clinical information and judgment to help keep patients INR in range.

Guideline for Adjusting Maintenance Warfarin Dosing		
2.0 – 3.0	**Target INR**	**2.5 – 3.5**
INR< 2.0	Increase Weekly dose by 10-15%	INR < 2.5
INR 2.0 – 3.0	No Change	INR 2.5 – 3.5
INR 3.1 – 3.5	Decrease Weekly dose by 5-15%	INR 3.6 – 4.0
INR 3.6 – 4.0	Hold 0 -1 dose then decrease weekly dose by 10-15%	INR 4.1 – 5.0
INR > 4.0	Hold 1-2 doses or until INR therapeutic assess bleeding risk +/- Vitamin K administration decrease weekly dose by 10-20%	INR > 5.0

  - For management of Supertherapeutic INR values and other issues please see the NHB Anticoagulation Plan (NHBINST 6710.12) Contact pharmacist for help or questions.

Initiation of Warfarin Nomogram		
Day	If INR is ⇩	Suggested Warfarin Dose is ⇩
Day 1	-	5mg
Day 2	-	5mg
Day 3	< 1.5	10 mg
	1.5 – 1.9	5 mg
	2 – 2.5	0 – 2.5 mg
	>3	0
Day 4	< 1.5	10 mg
	1.5 – 1.9	5 – 7.5 mg
	2 – 3	0 – 5 mg
	>3	0
Day 5	< 1.5	10 mg
	1.5 – 1.9	7.5 mg
	2 – 3	0 - 5 mg
	>3	0
Day 6	< 1.5	12.5 mg
	1.5 – 1.9	7.5 – 10 mg
	2 – 3	5 – 7.5 mg
	>3	0

No nomograms are evidence based, or suggested by ACCP. (Kovacs MJ, et al. Ann Intern Med. 2003:138:714-719).

PRACTITIONER'S NAME	PRACTITIONER'S SIGNATURE	DATE
PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; SSN; Sex; Date of Birth; Rank/Grade.)*	HOSPITAL OR MEDICAL FACILITY	STATUS
	DEPARTMENT / SERVICE	RECORDS MAINTAINED AT
	SPONSOR'S NAME	SSN
	RELATIONSHIP TO SPONSOR	