

Pharmacy Progress Note: Initial Warfarin Dosing per Collaborative Practice Protocol

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|--|--------------------------------|------------------------------------|--|--|
| Baseline Patient Demographics, Clinical, & Laboratory Data: | | | | |
| Admit Date | Age (years) | | Gender <input type="checkbox"/> M <input type="checkbox"/> F | |
| Drug Allergies | | | | |
| Indication | | | | |
| Target INR | <input type="checkbox"/> 2 – 3 | <input type="checkbox"/> 2.5 – 3.5 | <input type="checkbox"/> Other _____ | |
| New Start | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| UCH-Clinic Patient | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Pre-Admission Dosing/Duration | | | | |
| Laboratory Data: | | | | |
| Date ⇨ | | | | |
| INR | | | | |
| hgb | | | | |
| Hct | | | | |
| PLT | | | | |
| ALT | | | | |
| AST | | | | |
| Albumin | | | | |
| SCr | | | | |

| | | | | |
|---|--|---|------------------------------|-----------------------------|
| Warfarin Dosing Considerations: | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Concurrent anticoagulant: _____ | <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Low Albumin | | |
| <input type="checkbox"/> Concurrent antiplatelet: _____ | <input type="checkbox"/> Age | <input type="checkbox"/> Liver Dysfunction | | |
| <input type="checkbox"/> Potential drug interactions _____ | <input type="checkbox"/> History of falls | <input type="checkbox"/> Renal Dysfunction | | |
| | <input type="checkbox"/> Co-morbidity _____ | <input type="checkbox"/> Bleeding Risk (Low Hct, PLT) | | |
| Additional Comments: | | | | |

| | |
|-----------------------------|--------------------------------|
| Initial Dose (mg): | Date of Administration: |
| Additional Comments: | |

| | |
|-----------------------------|-------------------|
| Date: | Time: |
| Pharmacist Name: | Signature: |
| Contact Information: | |

The **Collaborative Practice Agreement for warfarin drug management, dosing, and monitoring** was approved by the University of Connecticut Health Center / John Dempsey Hospital (UCHC/JDH) P&T Committee on January 28, 2015. Under this collaborative practice agreement, UCHC/JDH Pharmacists, according to and in compliance with **Section 91 of Public Act 10-7 and Connecticut General Statutes sec 20-631 "An Act Concerning Collaborative Practice Between Physicians and Pharmacists"**, may design, implement, and monitor a therapeutic drug plan intended to manage warfarin therapy upon receipt of an order from the licensed provider to the Pharmacist for warfarin dosing. The Pharmacist will document all relevant activities that pertain to the therapeutic use of warfarin in the patient's medical record.

