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Doctor: J. SMITH Date: November 16, 2009  
 Resident: JANE DOE Facility: Demonstration  
 Indication: Atrial Fibrillation Recommended INR: 2.0 - 3.0

NOTE: "Mechanical Valve": This program does NOT adjust for this indication.  
 Please contact the Physician for orders.

"Administered" DAILY dose of warfarin for the past week:

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
1.0 mg	2.0 mg	1.0 mg	2.0 mg	1.0 mg	2.0 mg	1.0 mg

Total "weekly" warfarin administered: 10.0 mg **Current INR Value: 1.7**  
 Previous INR Value: 2.5  
 Date of Previous INR: 11/09

Is resident receiving an ANTIBIOTIC? No

**Algorithms suggest dose of 13.0 mg per week:**

Directions: 2mg daily except on Sat give 1mg

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2.0	2.0	2.0	2.0	2.0	2.0	1.0

Repeat INR in 7 days or \_\_\_\_\_

**SPECIALIZED DOSING**

Dosing ordered: \_\_\_\_\_  
 \_\_\_\_\_

Repeat INR in \_\_\_\_\_ days or \_\_\_\_\_

I authorize the above order: \_\_\_\_\_  
Physician Signature Date

**TELEPHONE AUTHORIZATION**

From: Dr. \_\_\_\_\_  
Name of Physician

Telephone Order Received by: \_\_\_\_\_  
Nurse Signature Date

**NURSE: PLEASE FAX TO PHARMACY WHEN FORM IS COMPLETED AND SIGNED**