UCONN HEALTH

UConn Health
John Dempsey Hospital
Department of Pharmacy

(Patient Identification)

Pharmacy Progress Note: Follow-Up Warfarin Dosing per Collaborative Practice Protocol

Clinical, & Laboratory Data:							
Admit Date		**Age (years)**		**Gender**	☐ M ☐ F		
Indication							
Target INR	☐ 2 – 3 ☐ 2.5 – 3.5 ☐ Other _____						
Laboratory Data:							
Date ⇨							
INR:							
Warfarin Dose:							

Signs or Symptoms of Bleeding Noted:	☐ **YES**	☐ **NO**
Changes in Warfarin Dosing Considerations:	☐ **YES**	☐ **NO**

☐ Concurrent anticoagulant:
_____
☐ Concurrent antiplatelet:
_____
☐ Potential drug interactions

☐ Low Albumin
☐ Liver Dysfunction
☐ Renal Dysfunction
☐ Bleeding Risk (Low HCT, PLT)

Additional Comments:

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.