

DATE	PHYSICIAN'S ORDERS				
	Refer to Outpatient Anticoagulation Support Clinic				
	Admitting/Attending Licensed Independent Provider (LIP) _____				
	Diagnosis _____ V58.61 (long term use of anticoagulants)				
	Target International Normalized Ratio (INR): _____ 2.0-3.0 _____ 2.5-3.5				
	Estimated Duration of Therapy _____ months _____ years _____ indefinitely				
	If INR is above or below target range for no modifiable known cause (example: missed/extra doses, change in diet or alcohol consumption), adjust dose according to the Order below				
				ADJUST DOSE	
	INR GOAL	INR	OMIT	As below OR closest lower % as dictated by tablet strength	RECHECK INR (Not more than)
	2.0 – 3.0	Less than or equal to 1.4	0 Doses	Increase by 20% Total Weekly Dose	5-7 days
		1.5-1.7	0 Doses	Increase by 12% Total Weekly Dose	10-14 days
		1.8-1.9	0 Doses	Increase by 8% Total Weekly Dose	17-21 days
		2.0-3.0	0 Doses	NO CHANGE	Up to 6 weeks
		3.1-3.4	0 Doses	Decrease by 8% Total Weekly Dose	17-21 days
		3.5-3.8	0 Doses	Decrease by 12% Total Weekly Dose	10-14 days
		3.9-4.9	1 Dose	Decrease by 15% Total Weekly Dose	7-10 days
		5.0-6.0	2 Doses	Decrease by 20% Total Weekly Dose	3 days
		6.1 and above	Call LIP	Call LIP	As directed by LIP
		2.5 - 3.5	Less than or equal to 1.6	0 Doses	Increase by 20% Total Weekly Dose
	1.7-1.9		0 Doses	Increase by 12% Total Weekly Dose	10-14 days
	2.0-2.4		0 Doses	Increase by 8% Total Weekly Dose	17-21 days
	2.5-3.5		0 Doses	NO CHANGE	Up to 6 weeks
	3.6-3.8		0 Doses	Decrease by 8% Total Weekly Dose	17-21 days
	3.9-4.4		1 Dose	Decrease by 12% Total Weekly Dose	10-14 days
	4.5-4.9		1 Dose	Decrease by 15% Total Weekly Dose	7-10 days
	5.0-6.0		2 Doses	Decrease by 20% Total Weekly Dose	3 days
	6.1 and above		Call LIP	Call LIP	As directed by LIP
	Dosing adjustments differing from above may be made by the clinician based on directions from LIP.				
	LABS: Baseline Protime/INR then as above. After 3 consecutive weekly in range Protime/INRs on the same total weekly dose check every 4 weeks; after 3 months of consistently stable INRs, testing can be done up to a 6 week frequency. Consult with the LIP regarding the management of complicated patients.				
	EDUCATION: Signs and symptoms of bleeding, verify dosage and color of tablet with each patient contact. Instruction to call clinic/LIP if: unusual bleeding or bruising; two or more missed doses; any serious fall or other injury.				
	Please note that the Referring LIP is responsible for Warfarin (COUMADIN) dosing until verification that the patient has had the first Anticoagulation Clinic visit. Verification of this visit will be the first Anticoagulation Summary note sent to your office. Also, the Anticoagulation Clinic doses for outpatients only, not for inpatients.				
THE ANTICOAGULATION SUPPORT CLINIC RESERVES THE RIGHT TO RECOMMEND DISCHARGE OF PATIENTS FOR NON-COMPLIANCE AFTER DISCUSSION WITH LIP.					
LIP Signature _____			Date & Time _____		
Only those orders dated and checked will be carried out.					

EUCLID, HILLCREST, AND SOUTH POINTE HOSPITALS
 OUTPATIENT ANTICOAGULATION SUPPORT CLINIC
 ANTICOAGULATION SUPPORT CLINIC REFERRAL ORDERS