

MID YORKSHIRE ANTICOAGULANT SERVICES
WARFARIN CONTINUATION PRESCRIPTION CHART

Please write "Warfarin" followed by "See Warfarin Prescription Chart" on General Prescription Chart

Affix label

SURNAME		DOB		CONSULTANT	
FORENAME		HOSPITAL NO		M/F	WARD
ADDRESS					
POSTCODE			TELEPHONE NO		
GP & SURGERY				NHS NUMBER	
Any history of Warfarin allergy				YES	NO

**FOR USE WITH PATIENTS ADMITTED
ALREADY ON WARFARIN**

Reason for admission	Reason for Anticoagulation
Target INR Range	Current Dose of Warfarin

When the patient is ready for discharge	Yes/No
Have you arranged follow up with Anticoagulant clinic?	
Have you arranged transport if necessary?	
Have you dosed the patient for discharge?	

**PLEASE KEEP THIS CHART ON THE WARD
DO NOT SEND TO THE ANTICOAGULANT CLINIC**

Please contact the Anticoagulant Clinic when discharging a patient to arrange follow-up.

ANTICOAGULANT CLINIC TELEPHONE NUMBERS
PINDERFIELDS & PONTEFRACT EXT:57103/FAX: 57099
DEWSBURY EXT: 83763/FAX :83192

SURNAME	HOSPITAL NO.	CONSULTANT
FORENAME	DOB	WARD

TARGET INR RANGE:.....

DAY	DATE	INR RESULT	DATE OF NEXT INR	DOSE OF WARFARIN RECOMMENDED / PRESCRIBED	WARD DR. SIGN	DOSE OF WARFARIN GIVEN BY NURSE	NURSE SIGN	DATE/ TIME DOSE GIVEN
1								
2								
3								
4								
5								
6								
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Please make sure you contact the Anticoagulant Clinic when the patient is being discharged

IF YOU PERMENANTLY STOP A PATIENT'S WARFARIN PLEASE INFORM THE ANTICOAGULANT CLINIC