

**Bassett Healthcare Network**  
**Point of Care Coagulation Patient Information/Downtime Form**

#8991 8/13; 12/13, 1/6/14, 5/15/15,12/4/15,8/19/16,9/8/16,12/16,1/17,4/19,9/23,2/26 (f:lab/.pub)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

MRN: \_\_\_\_\_ DOS: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ CSN: \_\_\_\_\_

Are you taking Warfarin/Coumadin/Jantoven? (Circle current medication)  Yes  No

Are you on Heparin/LMWH (Enoxaparin/Fondaparinux/Dalteparin) (Circle current medication)  Yes  No

Are you taking a direct acting oral anticoagulant (Eliquis[apixiban], Xarelto[rivaroxaban], Savaysa[edoxaban], or Pradaxa[dabigatran]) (Circle current medication)  Yes  No

Are you taking Argatroban (inpatient only)?  Yes  No

Any Bleeding?  Yes  No      Any Bruising?  Yes  No

Bleeding/Bruising Location: \_\_\_\_\_

Are you on any new medications?  Yes  No

Have you missed any doses in the past week? Day \_\_\_\_\_  Yes  No

**Please Indicate Daily Medication Dosage**

**Common strengths are (each tablet is a unique color):** Patients generally take warfarin once daily, by mouth. •1 mg (pink tablets) •2 mg (grey/purple tablets) •2.5 mg (green tablets) •3 mg (brown tablets) •4 mg (blue tablets) •5 mg (peach tablets) •6 mg (teal tablets) •7.5 mg (yellow tablets) •10 mg (white tablets).

MON \_\_\_\_\_ TUE \_\_\_\_\_ WED \_\_\_\_\_ THUR \_\_\_\_\_ FRI \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_

It is very common for patients to take larger/smaller warfarin doses on certain days of the week (i.e., 1 tablet on Mondays, Wednesdays and Fridays and 1/2 tablet the remaining days of the week).

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**DOWNTIME Lab/Clinic Use Only**

**Collection:** Test Date: \_\_\_\_\_ Test Time: \_\_\_\_\_ Tech Initials: \_\_\_\_\_

**Results:** \_\_\_\_\_ Seconds \_\_\_\_\_ INR      INTERNAL QC  OK  
(Inhibitors, such as lupus anticoagulant, may interfere with the prothrombin time and result in INRs that do not reflect the exact degree of anticoagulation.)

**INR Reference Ranges:** General Population: 0.9-1.1  
Routine Oral Anticoagulation: 2.0-3.0  
Mechanical Valve: 2.5-3.5  
Venous Confirmation for INR results > 6.0 (Confirmatory sample must be drawn for INR > 6.0.)

**Critical Value Documentation:**

**Lab Critical Value:** INR > 4.4

Reported to: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reported by: \_\_\_\_\_

(Tech Name and Title)

Provider Order  
Signature: \_\_\_\_\_ Provider #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Provider Review  
Signature: \_\_\_\_\_ Provider #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_