Telephone communication for resident on warfarin

Date: __8/17/07____Time: ___2:30pm_____

Originator of call: ___STATE NAME_____**I am calling about warfarin patient** <resident name >, **one of Dr.** <MD name>**'s patients at** <nursing home>.

The issue I am calling about *(select from the following options)* **is:**

New INR Result	**Change in Condition**	**Fall without injury/ Minor skin tear**	**S**ituation

INR result:
 	
___2.5_____
	☐ fall with potential injury
	☐ skin tear with potential complication
	☐ fever
	☐ ANY bleeding or bruising
	
	☐ other injury:
	☐ other medication issue:
	
	☐ abnormal UA test results
	
	☐ abnormal chest Xray results
	
	☐ other, specify:
		☐ fall
		  ☐ no injury noted
		  ☐ no bleeding/bruising
		
		☐ skin tear
		  ☐ no redness noted
		  ☐ no drainage
		  ☐ size: apx ___ cm
		
		If calling for one of these situations, skip to the Recommended Action section	

Last 2 INR test results

INR Date	INR	Dosing Pattern		Date from	Date to
__8/3/07___	___2.4___	Current ____5 alternating with 2.5_____mg		___6/15/07___	___NOW___
_ 7/20/07__	____2.6__	Previous ____5 alternating with 2.5____mg		___6/15/07___	___ NOW ____

Indication for warfarin: ✓ AFIB ☐ DVT/PE ☐ MECHANICAL HEART VALVE ☐ OTHER _____

Other important medications the resident is taking (including past 3 days):
- ☐ antibiotics:
- ☐ NSAIDs (e.g. ibuprofen, motrin, piroxicam, indocin, meloxicam, etc):
- ☐ aspirin or Plavix (clopidogrel)

Background

✓ No concerns

☐ I'm uncomfortable about this patient because: ☐ high INR ☐ bleeding/bruising ☐ other
☐ low INR

Assessment

Say what you think would be helpful or needs to be done, which might include:
☐ No new orders needed

INR/Warfarin Recommendations
✓ Tell me if the warfarin dose should be changed or held
✓ Tell me when to repeat the INR ☐ In 3 days? ☐ In 7 days? ☐ Other?

Other Recommendations
☐ Tell me whether to order an antibiotic
  ☐ If so, should we adjust the warfarin dose?
    ☐ When should we schedule the next INR test?
☐ Tell me whether to order other tests

☐ Should we send the patient to the emergency department?

When do you want us to call again (or under what conditions)?

ENTER ALL ORDERS DIRECTLY ONTO THE PHYSICIAN ORDER SHEET

Recommended Action **Based on Nurse Assessment**

Response from MD or office
Who responded: _____ Date:_____ Time: _____

Signature _____ Date_____