



PRE-PRINTED PHYSICIANS ORDERS FOR OUTPATIENT ANTICOAGULATION TREATMENT PROGRAM



DRUG & FOOD ALLERGIES

Date: _____ Time: _____

1. Diagnosis: _____
MRP: _____
Family Physician: _____

- 2. Physician MUST complete "Outpatient Anticoagulation Treatment Checklist" prior to enrollment in program.
- 3. CBC, INR, Electrolytes, SCr, and BUN
- 4. Daily INR. Patient to go to Lab just prior to his/her daily injection of Dalteparin.

In Ambulatory Day Care or Emergency (when Ambulatory Day Care closed):

5. Patient's Weight: _____ kg

- _____ 46-56 kg: Dalteparin 10,000 units SC daily
- _____ 57-68 kg: Dalteparin 12,500 units SC daily
- _____ 69-82 kg: Dalteparin 15,000 units SC daily
- _____ >83 kg: Dalteparin 18,000 units SC daily

** recommended maximum daily dose by manufacturer is 18,000 unit*

- 6. Discontinue Dalteparin after 5th dose if INR >2 for 2 consecutive days.
- 7. Give **FIRST** dose of warfarin PO _____ mg
- 8. Please give patient prescription for warfarin 2.5 mg tablets.
- 9. Patient's telephone number: _____
Telephone the patient with warfarin daily dose (pharmacists to do if consulted).

10. Please check one:
- Pharmacist to dose warfarin and monitor INR**
(Pharmacy services available daily from 0800 - 1600h) OR
 - Physician to dose warfarin and monitor INR**
 - If Pharmacist to dose warfarin, use nomogram below.

INR (Target Range 2.0 - 3.0)

Warfarin Dose

< 1.30	10 mg (7.5 mg if ↑ warfarin sensitivity)*
1.30 - 1.70	7.5 mg (5 mg if ↑ warfarin sensitivity)*
1.71 - 2.5	5 mg (2.5 mg if ↑ warfarin sensitivity)*
2.51 - 3.0	2.5 mg (1.25 mg if ↑ warfarin sensitivity)*
3.01 - 4.0	∅ warfarin
> 4.0 or any sign of hemorrhage	∅ warfarin, call MRP STAT

Note: * ↑ warfarin sensitivity if > 70 y.o. and < 50 kg, malnourished, drug interactions, liver dysfunction.

DEVIATIONS FROM NOMOGRAM MAY BE NECESSARY FOR PATIENT-SPECIFIC DOSING TITRATION.

Physician's Signature: _____