

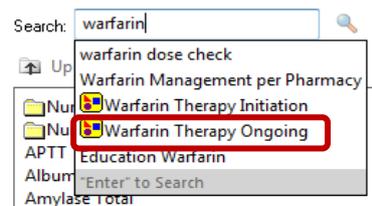
Medications – Warfarin – Prescribing Ongoing Therapy



This Quick Reference Guide will explain how to:

Prescribe Ongoing Warfarin Therapy (for continuing Warfarin Therapy in Patients Currently Taking Warfarin)

1. Click on **Orders and Referrals** and click **+ Add**
2. Type Warfarin in the 'Search' field.
3. Select the **Warfarin Therapy Ongoing** order set (indicated by )
4. Review the pre-checked orders and select any other orders as necessary. Complete the mandatory fields for any orders with  icon



| Warfarin Therapy Ongoing (Initiated Pending) | | |
|--|--|---|
| Medications | | |
| Review Warfarin dosing parameters for patients with MECHANICAL valves in situ | | |
| For CONTINUING warfarin therapy: CHECK which brand the patient is taking. If unable to ascertain, select Coumadin and refer for ward pharmacist review | | |
| COUMADIN | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> warfarin (Coumadin) | Select an order sentence |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> warfarin (Coumadin) | Select an order sentence |
| MAREVAN | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> warfarin (Marevan) | Select an order sentence |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> warfarin (Marevan) | Select an order sentence |
| warfarin dose check | | |
| The 'included' warfarin dose check task ensures nursing staff check that there is a warfarin order for each day. | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> warfarin dose check | 1 dose check, daily |
| Withhold Warfarin Dose | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> warfarin (Coumadin) | WITHHOLD, Oral, Tablet, daily dose(s) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> warfarin (Marevan) | WITHHOLD, Oral, Tablet, daily dose(s) |
| Warfarin Reversal | | |
| Warfarin Reversal Guidelines | | |
| BRIDGING ANTICOAGULATION | | |
| Warfarin Bridging. Review when INR 2.0, Cease when INR 2.0 or greater | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> enoxaparin | Select an order sentence |
| Pathology | | |
| Please specify the time and date of specimen collection | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> International Normalised Ratio (INR) | Spec Type: Blood, Anticoagulant: Warfarin Continuing Warfarin Therapy |

| | | |
|----------|---------------------------------|--|
| 1 | Warfarin | Select brand of warfarin that patient is usually taking (unless withheld) Two order sentences are available for patients who are on alternate day dosing regimens. Ensure correct start date/times have been entered for both orders. |
| 2 | Warfarin Dose Check | The warfarin dose check order is placed to task nurses to check if a current warfarin order exists. |
| 3 | Withhold Warfarin dose | Select this order sentence if warfarin dose is to be withheld. Right-click and modify order sentence to specify duration of 'withheld' dose. |
| 4 | Bridging Anticoagulation | Bridging enoxaparin can be ordered if required. |
| 5 | INR Pathology Order | INR blood test pathology order – right click and modify to specify the time/date of specimen collection |



5. Check the **Order Details** for Warfarin order.

▼ Details for **warfarin (coUMADIN)**

Details | Order Comments | Offset Details | Diagnoses



| | |
|--------------------------------------|--|
| *Strength dose: <input type="text"/> | *Strength dose unit: mg |
| Freetext dose: <input type="text"/> | *Route of administration: Oral |
| Drug Form: Tablet | *Frequency: daily |
| Duration: <input type="text"/> | Duration unit: <input type="text"/> |
| First Dose Date / Time: **/**/**** | Priority: NOW |
| Stop type: <input type="text"/> | Patient's Own Meds: <input type="radio"/> Yes <input type="radio"/> No |

Warfarin dose administration time will default to the next 1600 hrs. If the order is placed AFTER 1600, change the 'Priority' field to NOW. This will schedule the day's dose and continue at 1600 daily thereafter.

6. Right-click and **modify** INR pathology order to specify the collection priority and Date/Time of collection.

▼ Details for **International Normalised Ratio (INR)**

Details | Order Comments | Offset Details | Diagnoses

*Collection Priority: Routine

Collection Date/Time: **/**/**** AEDT

Rule 3 Exemption:

Copy Results to Dr2:

7. Click **Orders For Signature** and enter '**Current Clinical History**'.

Current Clinical History (Mandatory)

Atrial Fibrillation

General Clinical History (Optional)

8. Click on **Sign** and enter your password.

9. Check the **MAR** to ensure order(s) are correct.



Ordering alternative dosing regimens

Example: "I take Warfarin 5mg and 5.5mg on alternate days"

1. Select both order sentences in the order set

| | | | |
|-------------------------------------|-------------------------------------|---------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | warfarin (coUMADIN) | Select an order sentence |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | warfarin (coUMADIN) | Select an order sentence |

2. Enter in a **dose** and **change the frequency** of one order from daily to e.g. **THREE times a week (Mon, Wed, Fri)**

SIX times a week (except on (a) Mon)
 SIX times a week (except on (b) Tue)
 SIX times a week (except on (c) Wed)
 SIX times a week (except on (d) Thu)
 SIX times a week (except on (e) Fri)
 SIX times a week (except on (f) Sat)
 SIX times a week (except on (g) Sun)
 TDS
 TDS (on an empty stomach)
 TDS (with or after food)
THREE times a week (Mon, Wed & Fri)
 THREE times a week (Tue, Thu & Sat)
 times a week (Mon, Wed & Fri) ▼

3. Enter in a **dose** and **change the frequency** of the second order from daily to e.g. **FOUR times a week (Tue, Thu, Sat & Sun)**

4. Click on

5. Review orders - check the ***First Dose Date/Time** for both orders

| Medications | | | | |
|-------------|---------------------|-------|------------------|---|
| | warfarin (Coumadin) | Order | 23/10/2018 16:00 | 5 mg, Oral, Tablet, FOUR times a week (Tue, Thu, Sat & Sun) for 5 day(s), First dose 23/10/2018 16:00 AEDT, |
| | warfarin (Coumadin) | Order | 24/10/2018 16:00 | 5.5 mg, Oral, Tablet, THREE times a week (Mon, Wed & Fri) for 5 day(s), First dose 24/10/2018 16:00 AEDT, |

6. Click and enter your password

7. Check the **MAR** and ensure the two orders do not start on the same day

| Medications | 23/10/2018 16:00 |
|---|---|
| Scheduled | |
| warfarin (Coumadin) 5 mg, Oral, Tablet, FOUR times a week (Tue, Thu, Sat & Sun) for 5 day(s), First dose 23/10/2018 16:00:00, Stop date 28/10/2018 15:59:00, INR Target: 2.0 - 3.0, Indication: Atrial fibrillation | 5 mg Not given within 5 days. |
| warfarin | |
| INR | |
| warfarin (Coumadin) 5.5 mg, Oral, Tablet, THREE times a week (Mon, Wed & Fri) for 5 day(s), First dose 24/10/2018 16:00:00, Stop date 29/10/2018 15:59:00, INR Target: 2.0 - 3.0, Indication: Atrial fibrillation | |
| warfarin | |
| INR | |