

# Office

WARFARIN TREATMENT SUMMARY

Printed on

Wednesday 15-July-2015

## TEST VIEW

1 Test Lane

Testertown, Teswall, TE1 1ST

Patient telephone number: 01209000000

Patient No: **987654322**

NHS Number: **None**

Diagnosis: **DVT or PE (Recurrent)**

Start Date: **01-June-2014**

End Date: **Indefinite**

Time-in-Range:

**100%**

Target INR: **2.5**

A/C Clinician: **Dr Pepper**

Date	INR	Dose (mg/day)	Omits (days)	Review (days)
01-Jun-2015	2.0	2.0mg	0	7 Days
08-Jun-2015	2.1	2.0mg	0	14 Days
22-Jun-2015	2.4	2.0mg	0	21 Days
14-Jul-2015	2.4	2.0mg	0	28 Days

Next INR test date: **Tuesday 11-August-2015**

## COMMENTS (LAST TREATMENT)

## DOSING SCHEDULE 14-July-2015

<b>Tuesday</b>	<b>take 2 x Brown (1mg)</b>	(total 2.0mg)
<b>Wednesday</b>	<b>take 2 x Brown (1mg)</b>	(total 2.0mg)
<b>Thursday</b>	<b>take 2 x Brown (1mg)</b>	(total 2.0mg)
<b>Friday</b>	<b>take 2 x Brown (1mg)</b>	(total 2.0mg)
<b>Saturday</b>	<b>take 2 x Brown (1mg)</b>	(total 2.0mg)
<b>Sunday</b>	<b>take 2 x Brown (1mg)</b>	(total 2.0mg)
<b>Monday</b>	<b>take 2 x Brown (1mg)</b>	(total 2.0mg)

## Next Test Recording Area

Step 1 – Confirm the following

Patient Identity?

Yes / No

Step 2 – Has the patient in the last 7 days

Missed any warfarin doses?

Yes / No

Step 3 – Today's Test Result

INR:

Is the patient still taking the last recorded dose?

Yes / No

Started or changed any other medication?

Yes / No

Test Date:

Notes:

Strip batch no:

Strip expiry date:

Health professionals name: \_\_\_\_\_

Version No. Reference No.

5.3.0

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User Name

Mary

Date Printed

15-July-2015 14:56