

# Coumadin® (warfarin sodium) SBAR Form

Report to a physician a SUB-therapeutic/SUPRA-therapeutic INR.

<b>S</b>	<p><b>SITUATION:</b></p> <ul style="list-style-type: none"> <li>I am calling about (name of patient).</li> <li>The patient's INR is _____</li> <li>The patient's target INR range is (2.0 - 3.0), or (2.5-3.5), or _____ and the above reported INR is considered <b>SUB-therapeutic/SUPRA-therapeutic</b></li> <li>The patient IS/IS NOT experiencing bruising</li> <li>The patient IS/IS NOT experiencing bleeding</li> <li>The patient HAS/HAS NOT fallen</li> </ul>
<b>B</b>	<p><b>BACKGROUND:</b></p> <ul style="list-style-type: none"> <li>The patient is allergic to the following medications: _____</li> <li>The patient HAS/HAS NOT had Heparin Induced Thrombocytopenia (HIT)</li> <li>The patient HAS/DOES NOT HAVE a mechanical valve (Mitral/Aortic)</li> <li>Table (I) Quick Reference Guide and Table (II) Potential Drug Interactions (see Appendix) with warfarin have been reviewed.</li> </ul>
<b>A</b>	<p><b>ASSESSMENT:</b></p> <ul style="list-style-type: none"> <li>___ The INR may be the result of a missed or held warfarin dose</li> <li>___ The INR may be the result of a potential drug interaction with warfarin</li> <li>___ The INR may be the result of a Vitamin K (dietary or supplement) source</li> <li>___ The INR may be the result of a concomitant illness such as: diarrhea, fever, hepatic disorder, nutritional status and/or CHF exacerbation</li> <li>___ Other _____</li> </ul>
<b>R</b>	<p><b>RECOMMENDATIONS:</b></p> <p>___ It is determined that a potential drug interaction may exist between warfarin sodium (Coumadin®) and _____:</p> <ul style="list-style-type: none"> <li><input type="radio"/> The new medication may ELEVATE the patient's INR with the next INR to be drawn: ___/___/___</li> <li><input type="radio"/> The new medication may DECREASE the patient's INR with the next INR to be drawn: ___/___/___</li> <li><input type="radio"/> The new medication is CONTRAINDICATED with warfarin and should NOT be dispensed</li> </ul> <p>___ The INR warrants administration of ___ mg of oral Vitamin K1 (phytonadione) with the next INR to be drawn: ___/___/___.</p> <p>___ The INR warrants administration of Heparin or Low Molecular Weight Heparin (LMWH) 'bridge' with the next INR to be drawn: ___/___/___.</p> <p>___ No change to the warfarin regimen. The next INR is to be drawn: ___/___/___.</p> <p>___ Hold the warfarin dose as follows (specify dates): _____. The next INR to be drawn: ___/___/___</p> <p>___ Change the warfarin regimen to _____ with the next INR to be drawn: ___/___/___.</p> <p>___ The situation warrants transportation to an Emergency Room for further evaluation and/or treatment.</p> <p>___ Other _____</p>

Evaluated by Nursing Supervisor: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 Evaluated by Dispensing Pharmacist: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 Evaluated by Physician: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_