



QRG -	- Warfarin (inpatient orders and TTO prescriptions)						
No.	Action	Responsibility					
1.	From the Request / Care Plans tab in PowerChart click on +Add and type in "Warfarin"	Doctor / NMP					
	Search: warfarin 🔍 📆 Advanced Options 👻 Type: 👘 Inpatient						
	🏠 🚖 🝷 🛅 🖹 Folder: Search within: 🗐 🗸						
	Warfarin level, blood Warfarin Therapy Care Plan						
2.	Click on the Powerplan and select Done to open the plan	Doctor / NMP					
	Warfarin Therapy Care Plan (Initiated Pending)						
1	Medications For patients new to oral anticoagulation therapy with Warfarin, please use the Care Plan below.	0					
	Image: State of the second and the second a	_					
	For continuation after initiation or for established patients, please use the Care Plan below:						
	Maintenance of Warfarin A For patients being discharged on warfarin, please use the Care Plan below:	_					
	Image: Strange on Warfarin Image: Strange on Warfarin	_					
	Warfarin (Warfarin placeholder) - Ensure INR is checke Do not "administer" or	d n					
3.	The Plan is split into initiation, maintenance and discharge. A Warfarin placeholder is pre-ticked. Do not remove this tick (unless the patient already has a Warfarin placeholder on their chart) as this ensures continuity of Warfarin therapy during inpatient stay.	Doctor / NMP					
4.	Select the appropriate sub-plan by ticking the appropriate box. Doctor / NN This will automatically open the correct sub-plan for example initiation of Warfarin						
	N.B. Patients initiated on Warfarin will have an automatic Pharmacy consult order. Do not un-tick or amend this order.						
	😪 🙀 Return to Warfarin Therapy Care Plan						
	Image: Warfarin Therapy Care Plan, Initiation of Warfarin (Initiated Pending) Status Details						
	△ Medications						
	 Before starting oral anticoagulant drugs check a baseline INR/APTT, FBC, U&E and LFTs See intranet for most up-to-date policy. Search for "oral anticoagulation" Standard Induction: 						
	The usual induction regime is 10 mg on days 1 and 2 then 5 mg on day 3 with doses adjusted : DOSE: 10 mg - ROUTE: (
	Image: Second String Dose: 10 mg - ROUTE: c						
	Warfarin DOSE: 5 mg - ROUTE: or						
	Clotting screen, blood Low Dose Induction: Smaller induction doses (e.g. 5 mg daily for three days or 3mg daily for 7 days) should be give that onbarge activities any last effect. In these screen the Secret is chedule is no lease activities.						
	Warfarin DOSE: 5 mg - ROUTE: oi						
	△ Consultations						
	Pharmacy Consult Request: Warfarin Count						
	By clicking on eturn to Warfarin Therapy Care Plan _the user can navigate back to the main plan.						

e	CARE				Milto University NHS For	n Keynes Hospital
. If a pa select	tient is to be ed and ticke	e initiated on Wa ed, e.g. Standard	rfarin the a induction:	appropriate dosing	g schedule needs to be	Doctor / NMP
	Warfarin Warfarin Warfarin	[[[00SE: 10 mg - Ri 00SE: 10 mg - Ri 00SE: 5 mg - R0	OUTE: oral - tablet - once O OUTE: oral - tablet - once O <mark>UTE: oral - tablet - once ON</mark>	NLY - DURATION: 1 dose - START: T;180 NLY - DURATION: 1 dose - START: T+1;1 ILY - DURATION: 1 dose - START: T+2;18	0 80(00
This e 18:00 After t	example is a on 3 conse this the main	n order for 3 dose cutive days. ntenance Warfarin	es of Warfa	arin (10mg, 10mg ds to be used for t	and 5mg) to be given at further orders.	
For W The s i.e. th	/arfarin Mair even rows c e first row is	ntenance, every s of Warfarin in the r an order for War	ingle dose maintenand arin on M	needs to be orde ce plan correspon onday, the 2 nd row	red individually. d to days of the week, v for Tuesday etc.	
	Warfarin Warfarin Warfarin Warfarin Warfarin Warfarin Warfarin Warfarin		Select an order senten Select an order senten	ce ce ce ce ce ce		
N.B. order <mark>IMPO</mark>	If a dose of sentence f <mark>RTANT</mark>	Warfarin is to b or the appropria	e omitted te day tha	, do not just not t states "omit do	order it, but select the ose".	
Pleas been as "ao individ	e note, that administered tive Medica lual Warfarii	Warfarin orders a d, become comple tions". Therefore n dose orders.	re individu ete and are the Warfar	al "once only" dos e not visible under in Placeholder is	ses and once these have Requests / Care plans important in addition to	
Warfarin DOSE: O ONCE a u dose - ST 09/Jan/12	MIT DOSE - ROUTE: veek (on Tuesday) - ART: 02/Jan/18 18:0(8 17:59:00 GMT	oral - tablet - DURATION: 1 :00 GMT - STOP:		OMIT DOSE Not given within 10 days.		
Selec	Orders Fo	r Signature				Doctor / NMP
Reviev	w orders an	d select Sig	n]			Doctor / NMP
⊿ RD ⊿ Me	8-GH Ward 18 dications	; Bay A; 02 Fin#:3611	158 Admit: (02/Nov/2017 11:59 G	MT	1
	👘 🖻 🥚	Warfarin	Order	29/Dec/2017 18:00 GMT	DOSE: 10 mg - ROUTE: oral - ta	ble
	👘 🖻 🥚	Warfarin	Order	30/Dec/2017 18:00 GMT	DOSE: 10 mg - ROUTE: oral - ta	ble
	👘 🗈 🥚	Warfarin	Order	31/Dec/2017 18:00 GMT	DOSE: 5 mg - ROUTE: oral - tab	let
	👘 🗈 🥚	Warfarin (Warfarin placeholder)	Order	30/Dec/2017 12:00 GMT	- Ensure INR is checked daily ar Do not "administer" on chart -	nd Re
⊿ Cor	sultations					_
		Pharmacy Consult	Order	29/Dec/2017 15:27 GMT	Request: Warfarin Counselling	- P
						1





8.	This will generate the alert to complete a powerform. Click on "document" to open the form. Every patient who has Warfarin ordered as inpatient or prescribed as TTO will need this form completed.	Doctor / NMP							
	Deceme (1 of 1) Image: Concerner Image: Concerner An oral anticoagluant form must be completed before continuing to prescribe Warfarin. Please select document button below to complete.								
	Alert Action								
	Document OK								
9.	Complete the form with the correct information. Please note that the information entered in this form will populate the discharge summary for the patient and the GP. To get more information about indication, target INR and treatment duration, navigate	Doctor / NMP							
	to the "Target INR Information Tab"								
	Image: Anticosystem - 2227155 2PMA DISCHARGE ✓ Image: Anticosystem - 2227155 Ø Image: Anticosystem - 2227155								
	Performed on: 02 74/2018 U V 1422 U GMT By: Test, (Anticopolative P ZZZTEST, EPMA								
	Target INR Inform NHS: MRN: 864890 Before oral anticoagulation can be prescribed, this form must be completed by a prescriber. Image: Complete oral anticoagulation can be prescribed, this form must be completed by a prescriber.								
	Indication First Episade VTE Recurrent VTE Indication Biograstherric Heart Valve Biograstherric Heart Valve Prostnesis Thrombogenicity First Episade VTE Indication Indication Biograstherric Heart Valve Biograstherric Heart Valve Prostnesis Thrombogenicity Indication Biograstherric Heart Valve Biograstheart Heart Heart Heart Heart Heart Heart He								
	Serecting Other, prease also document the raget lank and hange C 6 weeks O 3 months O 6 months O Life Long O Dther:								
	Intended Duration of Treatment: Details and guidance regarding TARGET INR and DURATION can be seen on the relevant tabs on the left hand side of this form.								
10.	Click 🔨 to sign the Powerform	Doctor / NMP							
11.	Click Sign to sign for the orders	Doctor / NMP							
12		Dector / NIMD							





13.	For patients discharged on Warfarin , INR results and Warfarin doses whilst in hospital can be manually added to the discharge summary:	
	Click on depart > select Results > Click on downward arrow next to Add > select PowerNote > search for Discharge Summary Results in Document Template > click on type of result you want to add > select the results you want to add > Click Sign/Submit > Click Sign	
	The Results will be viewable in the discharge summary under investigations and results.	