

UMC Health System PEDIATRIC ANTICOAGULANT PLAN	Patient Label Here
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PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	warfarin <input type="checkbox"/> 0.2 mg/kg, PO, tab, Daily <input type="checkbox"/> 0.1 mg/kg, PO, tab, Daily <input type="checkbox"/> 1 mg, PO, tab, Daily <input type="checkbox"/> 2 mg, PO, tab, Daily <input type="checkbox"/> 2.5 mg, PO, tab, Daily <input type="checkbox"/> 3 mg, PO, tab, Daily <input type="checkbox"/> 4 mg, PO, tab, Daily <input type="checkbox"/> 5 mg, PO, tab, Daily <input type="checkbox"/> 6 mg, PO, tab, Daily <input type="checkbox"/> 7.5 mg, PO, tab, Daily

Laboratory	
	If on LMWH at home check anti-factor Xa 4 hours after the second dose in hospital and any new regimen until 2 consecutive stable therapeutic levels are reached. Anti Xa Level (Anti Factor Xa)
	If on warfarin at home check INR within 24 hours of admission and Daily until therapeutic for 2 consecutive days then weekly. Hemoglobin and Hematocrit
	Platelet Count
	Prothrombin Time with INR
	PTT
	D Dimer HS 500
	Fibrinogen Level
	Creatinine

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TO Read Back Scanned Powerchart Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____
 Physician Signature: _____ Date _____ Time _____