North of England Commissioning Support Unit

Good Practice Guidance for Care Homes

Warfarin Administration Chart

When using this chart, write 'see Warfarin Administration Chart' on main MAR.-DO NOT DOUBLE RECORD.

Patient Name:		**Date of Birth:**		**Room No:**	
GP/Anticoagulation clinic details:					
Warfarin therapy started		**Indication**			

Check date of next test is not overdue on each occasion of administration

Dosage information – INR testing:

Date of INR test	INR	Dosage regime Prescribed	Date of next INR	Recorded by	Checked by
		Refer to Yellow Anti-coagulant Book or most recent written confirmation letter on each occasion of administration. (This should clearly state the dose (mg) to be given on each day of the week).			

Day	**Date**	**Dose**	**Number of tablets of each strength administered for dose**				**Administered by**	**Time**	**Signed**
			0.5mg White	**1mg Brown**	**3mg Blue**	**5mg Pink**			