THE UNIVERSITY OF KANSAS HOSPITAL
KUMED

3901 Rainbow Blvd.
Kansas City, KS 66160

## Anticoagulation Flow Sheet
# WARFARIN

Patient Label

**Warfarin Indication:**_____

| Date | Time | PT | INR | Warfarin Dose | Comments | RN Signature |
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## Anticoagulation Flow Sheet – WARFARIN

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Kansas City, KS 66160

## Anticoagulation Flow Sheet
# HEPARIN

Patient Label

**Heparin Indication:**_____

| Date | PTT | Time Drawn | Heparin Adjustment | | | Next PTT Due | Comments | RN Signature |
|---|---|---|---|---|---|---|---|---|
| | | | Time | Bolus | Infusion | | | |
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