# Anticoagulants
## Situation-Background-Assessment-Request (SBAR)

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**Date of Request** | **Patient Name** | **Patient DOB**

**Situation**

**Concern**

- ☐ INR out of target range
- ☐ INR target range unknown
- ☐ Other:
- ☐ Bruising / bleeding
- ☐ Blood in urine/stool
- ☐ Fall
- ☐ Medication change *(start, stop, dosage)*

**Background**

**Current Anticoagulant**

- ☐ Coumadin (warfarin)
- ☐ Lovenox (enoxaparin)
- ☐ Pradaxa (dabigatran)
- ☐ Savaysa (edoxaban)
- ☐ Heparin
- ☐ Eliquis (apixaban)
- ☐ Xarelto (nivaroxavan)
- ☐ Other:

**Indication for Anticoagulation Therapy**

- ☐ Atrial fibrilation
- ☐ Deep vein thrombosis (DVT)
- ☐ Prophylaxis (DVT/PE)
- ☐ Pulmonary embolism (PE)
- ☐ Mechanical heart valve

**Planned Duration of Therapy** | **Start Date** | **Current Dose**

**Medical History**

- ☐ Stroke
- ☐ Cancer
- ☐ ETOH
- ☐ CNS bleed
- ☐ GI bleed
- ☐ Renal disease
- ☐ Hepatic disease
- ☐ Other:

**Patient Also Takes**

- ☐ Aspirin
- ☐ NSAIDs
- ☐ Plavex (clopidogrel)

| **INR Target Range (warfarin only)** | **INR Test Date** | **INR** | **Dose** |
|---|---|---|---|
| | | | |
| | | | |

**Med Changes in Last 7 Days** **(other than warfarin/coumadin)**

**Dietary Changes in Last 7 Days**

| **Lab Dates** | **BUN/Creatinine** | **HCT/HGB** | **AST/ALT** |
|---|---|---|---|
| | | | |
| | | | |

**Assessment**

**Summary of Concerns**

**Request**

**Please provide order for medication, labs, and/or monitoring as indicated**

**Provider Signature**

**Date Signed**