

Tracking PT/INR Results (Prothrombin Time/International Normalized Ratio)

Patient Name: _____ DOB: _____

Pt Meds Include: Barbituates Oral Contraceptives Vitamin K

Hormone Replacement Therapy

Patient Diet past 24 hours included: Beef Kale Pork Liver

Turnip Greens Chick Peas Green Tea Broccoli Soybean Products

Order for PT?INR from Dr _____

Obtained order for fingerstick/venipuncture in event PT/INR machine would have faulty quality control reading

Date Specimen Obtained: _____ Date Reported to Physician: _____

_____-_____-_____ _____-_____-_____

Time Specimen Obtained: _____ Time Reported: _____

Controls

QC1: _____ QC1: _____

Strip Code: _____ Pro Time INR: _____

Established Patient Specific parameter for normal test results _____

Checked Quality Readings are within preferred Range _____

Anticoagulant ordered; Dose, frequency, Route: _____

Diagnostic Reason for Anticoagulant: _____

Reports

Document Physician contact of Report and any new orders

Report Faxed Phoned to Dr _____

on Date:_____-_____-_____ Time: _____

Physician orders received on ____-____-_____ Time: _____

Patient Cg Notified of lab result Physician orders on Date:_____-_____-_____

Time: _____

Patient Cg Give the following: Instruction Education

Patient Cg Aware of bleeding precautions

Signature: _____ RN