OUTPATIENT ANTICOAGULATION FLOWSHEET

Adapted from AAFP - Adjust medications only under direction of your provider

Patient's name: _____ Date of birth: _____/_____/_____ Medical record #: _____

Indication for anticoagulation (check one): ☐ Atrial fibrillation ☐ Deep vein thrombosis ☐ Pulmonary embolism ☐ Mechanical valve ☐ Cerebrovascular accident ☐ Other

Target International Normalized Ratio (INR)*: ☐ 2.0 to 3.0 ☐ 2.5 to 3.5 ☐ Other: _____

Start date: _____/_____/_____ Therapy duration: ☐ 3 months ☐ 6 months ☐ 1 year ☐ Indefinite ☐ Other: _____

Date	Current dose	INR	Complications	New dose	Next INR	Initials

DOSAGE ADJUSTMENT ALGORITHMS

For target INR of 2.0 to 3.0, no bleeding:*

INR	< 1.5	1.5 to 1.9	2.0 to 3.0	3.1 to 3.9	4.0 to 4.9	≥ 5.0
Adjustment	Increase dose 10 to 20%; consider extra dose	Increase dose 5 to 10%†	No change	Decrease dose 5 to 10%†	Hold for 0 to 1 day then decrease dose 10%	See reverse side.
Next INR	4 to 8 days	7 to 14 days	No. of consecutive in-range INRs x 1 wk (max: 4 wks)‡	7 to 14 days	4 to 8 days	See reverse side.

For target INR of 2.5 to 3.5, no bleeding:*

INR	< 1.5	1.5 to 2.4	2.5 to 3.5	3.6 to 4.5	4.5 to 6.0	> 6.0
Adjustment	Increase dose 10 to 20%; consider extra dose	Increase dose 5 to 10%§	No change	Decrease dose 5 to 10%; consider holding one dose§	Hold for 1 to 2 days then decrease dose 5 to 15%	See reverse side.
Next INR	4 to 8 days	7 to 14 days	No. of consecutive in-range INRs x 1 wk (max: 4 wks)‡	7 to 14 days	2 to 8 days	See reverse side.

* — See reverse side for further guidance.

† — If INR is 1.8 to 1.9 or 3.1 to 3.2, consider no change with repeat INR in seven to 14 days.

‡ — For example, if a patient has had three consecutive in-range INR values, recheck in 3 weeks.

§ — If INR is 2.3 to 2.4 or 3.6 to 3.7, consider no change with repeat INR in seven to 14 days.

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