



**INTERDISCIPLINARY  
PATIENT / FAMILY EDUCATION RECORD**

|           |
|-----------|
| NAME      |
| MR#       |
| SERVICE   |
| PHYSICIAN |

**CONTINUATION OF THE INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD  
(ANTICOAGULATION)**

| LEARNING BEHAVIORS/OUTCOMES<br>The Patient / Family Is Able To:  | TEACHING / REINFORCEMENT IN PROGRESS<br>R= Receptivity (1 = GOOD, 2 = FAIR, 3 = POOR) |          |                  |                      |                  |          | PATIENTS OUTCOMES ACHIEVED |     |     |
|--|---|----------|------------------|----------------------|------------------|----------|----------------------------|-----|-----|
|  | DATES & INITIALS  | R        | DATES & INITIALS | R                    | DATES & INITIALS | R        | YES                        | *NO | N/A |
| <b>ANTICOAGULATION MEDICATION</b>  |   |          |                  |                      |                  |          |                            |     |     |
| State reason for taking anticoagulation medication   |   |          |                  |                      |                  |          |                            |     |     |
| State how anticoagulation affects the blood  |   |          |                  |                      |                  |          |                            |     |     |
| State dose, how and when to be taken   |   |          |                  |                      |                  |          |                            |     |     |
| State what to do if overdose or miss a dose  |   |          |                  |                      |                  |          |                            |     |     |
| Tell when and how often to get blood tests done  |   |          |                  |                      |                  |          |                            |     |     |
| State INR goal number for warfarin   |   |          |                  |                      |                  |          |                            |     |     |
| Identify signs of major bleeding   |   |          |                  |                      |                  |          |                            |     |     |
| Identify signs of minor bleeding   |   |          |                  |                      |                  |          |                            |     |     |
| State importance of notifying MD when having surgery or procedure  |   |          |                  |                      |                  |          |                            |     |     |
| State importance of calling MD when ill or injured   |   |          |                  |                      |                  |          |                            |     |     |
| State precautions to take to prevent injury indoors and outdoors   |   |          |                  |                      |                  |          |                            |     |     |
| <b>FOOD INTERACTION</b>  |   |          |                  |                      |                  |          |                            |     |     |
| Eat a consistent diet of green leafy vegetables  |   |          |                  |                      |                  |          |                            |     |     |
| State how alcohol intake should be restricted  |   |          |                  |                      |                  |          |                            |     |     |
| State need to avoid consuming grapefruit and cranberry juices  |   |          |                  |                      |                  |          |                            |     |     |
| <b>MEDICATION INTERACTION</b>  |   |          |                  |                      |                  |          |                            |     |     |
| <b>State medications that can increase risk of bleeding:</b> pain relievers  |   |          |                  |                      |                  |          |                            |     |     |
| stomach remedies   |   |          |                  |                      |                  |          |                            |     |     |
| supplements  |   |          |                  |                      |                  |          |                            |     |     |
| State some medications (antibiotics or antifungals) that interacts with anticoagulant medications  |   |          |                  |                      |                  |          |                            |     |     |
| State need to carry Medication Alert Card  |   |          |                  |                      |                  |          |                            |     |     |
| State need to inform all Health Care Providers that they are taking anticoagulant medications  |   |          |                  |                      |                  |          |                            |     |     |
| <b>MEDICATION ADMINISTRATION</b>   |   |          |                  |                      |                  |          |                            |     |     |
| Demonstrate subcutaneous self injection  |   |          |                  |                      |                  |          |                            |     |     |
| <b>DISCHARGE INSTRUCTION</b>   |   |          |                  |                      |                  |          |                            |     |     |
| State next appointment date  |   |          |                  |                      |                  |          |                            |     |     |
| <b>Educational Materials Given (check all that is applicable):</b> <input type="checkbox"/> Coumadin (Warfarin) <input type="checkbox"/> Heparin <input type="checkbox"/> Enoxaparin (Lovenox) |   |          |                  |                      |                  |          |                            |     |     |
| Other: _____   |   |          |                  |                      |                  |          |                            |     |     |
| <b>ALL DISCIPLINES MUST SIGN AND INITIAL BELOW</b>   |   |          |                  |                      |                  |          |                            |     |     |
| PRINT NAME AND TITLE   | SIGNATURE   | INITIALS | SERVICES         | PRINT NAME AND TITLE | SIGNATURE        | INITIALS | SERVICES                   |     |     |
|  |   |          |                  |                      |                  |          |                            |     |     |
|  |   |          |                  |                      |                  |          |                            |     |     |
|  |   |          |                  |                      |                  |          |                            |     |     |
|  |   |          |                  |                      |                  |          |                            |     |     |

\* IF THE PATIENT AND / OR FAMILY CANNOT BE TAUGHT, INDICATE ALTERNATIVE PLANS IN THE PROGRESS NOTES.

