

# ONE TOPIC: WARFARIN EDUCATION

Person(s) Present:  Patient  Partner  Family \_\_\_\_\_  Friend \_\_\_\_\_  Other \_\_\_\_\_  
 Primary Learner (if other than patient): \_\_\_\_\_  Interpreter Present  
 Patient Ready to Learn:  Yes  No (write follow-up plan)

## EVIDENCE OF TEACHING based on patient's readiness needs and concerns

### What was taught *(note summary here):*

- Identification of generic and brand names
- Purpose of therapy
- Expected duration of therapy
- Dosing and administration
- Visual recognition of drug and tablet strength
- What to do in case a dose is missed
- Importance of prothrombin time/INR monitoring
- Recognition of signs and symptoms of bleeding
- Recognition of signs and symptoms of thromboembolism
- What to do in case bleeding or thromboembolism occurs
- Recognition of signs and symptoms of disease states that influence warfarin dosing requirements
- Potential for interactions with prescription, over-the-counter, and herbal medications
- Dietary considerations and use of alcohol

- Avoidance of pregnancy
- Significance of informing other health care providers that warfarin has been prescribed
- When, where, and with whom follow-up will be provided

### How it was taught

- Verbal information provided.
- Written information provided.
- Class/group session.
- Task demonstrated.
- Audio/Visual teaching tool used:

## EVIDENCE OF LEARNING

### Outcome met

- Describes/able to restate information shared.
- Demonstrates task(s) or  Uses device(s)
  - with help.
  - independently.
- Indicates understanding of topic.

### If outcome not met (see follow-up plan)

- Unable to understand:
 

Barriers: <input type="checkbox"/> Language	<input type="checkbox"/> Emotional
<input type="checkbox"/> Culture	<input type="checkbox"/> Physical
<input type="checkbox"/> Comprehension	
<input type="checkbox"/> Other _____	
- Refuses information.
- Needs further instruction.

## FOLLOW UP PLAN & NEEDS *(if applicable)*

- Contact support/family for education.
- Follow-up/referral
- Reinforce specific content:
- Additional topics to be covered:

Signature

Date

Time

PT.NO

NAME

DOB

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