

Anticoagulants

Situation-Background-Assessment-Request (SBAR)

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Date of Request

Patient Name

Patient DOB

Concern

- | | | |
|---|---|---|
| <input type="checkbox"/> INR out of target range | <input type="checkbox"/> Bruising / bleeding | <input type="checkbox"/> Fall |
| <input type="checkbox"/> INR target range unknown | <input type="checkbox"/> Blood in urine/stool | <input type="checkbox"/> Medication change
(start, stop, dosage) |
| <input type="checkbox"/> Other: | | |

Situation

Current Anticoagulant

- | | | |
|---|---|--|
| <input type="checkbox"/> Coumadin (warfarin) | <input type="checkbox"/> Savaysa (edoxaban) | <input type="checkbox"/> Xarelto (nivaroxavan) |
| <input type="checkbox"/> Lovenox (enoxaparin) | <input type="checkbox"/> Heparin | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Pradaxa (dabigatran) | <input type="checkbox"/> Eliquis (apixaban) | |

Indication for Anticoagulation Therapy

- | | | |
|---|--|---|
| <input type="checkbox"/> Atrial fibrillation | <input type="checkbox"/> Prophylaxis (DVT/PE) | <input type="checkbox"/> Mechanical heart valve |
| <input type="checkbox"/> Deep vein thrombosis (DVT) | <input type="checkbox"/> Pulmonary embolism (PE) | |

Planned Duration of Therapy

Start Date

Current Dose

Medical History

- | | | |
|---------------------------------|--|--|
| <input type="checkbox"/> Stroke | <input type="checkbox"/> CNS bleed | <input type="checkbox"/> Hepatic disease |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> GI bleed | <input type="checkbox"/> Other: |
| <input type="checkbox"/> ETOH | <input type="checkbox"/> Renal disease | |

Background

Patient Also Takes

- | | | |
|----------------------------------|---------------------------------|---|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> NSAIDs | <input type="checkbox"/> 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

Summary of Concerns

Assessment

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

Provider Signature

Date Signed

Request