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| MODULO 10 | SCHEMA POSOLOGICO COUMADIN su PRESCRIZIONE MEDICA | Cod. ROG26/2.10 - Rev.02 del 30.06.2025 |

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| PAZIENTE: |  |  | ANNO |  |  | N°prog. |  |

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| **M.M.G. DEL PAZIENTE:** |  | **DATA PRESCRIZIONE:** |  |

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| **Indicazione alla TAO:** ❏ | Fibrillazione Atriale | ❏ | V. Mitralica Biologica | ❏ | V. Aortica Biologica |
| ❏ | Trombosi Venosa Profonda | ❏ | V. Mitralica Meccanica | ❏ | V. Aortica Meccanica |
| ❏ | Embolia Polmonare | ❏ | Infarto Miocardico | ❏ | Altro: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **INR desiderato:** |  |

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| **DATA INIZIO TERAPIA:** |  | **DURATA:** |  | **DAL** |  | **AL** |  |

**SCHEMA POSOLOGICO CUOMADIN**

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| **GIORNO** | **ORARIO** | | | | | | | | | | **INR** | **DOSE** |  | **INR** | **DOSE** | |  | **INR** | **DOSE** |  | **INR** | **DOSE** |  | **INR** | **DOSE** |
| **lunedì** |  |  |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
| **martedì** |  |  |  | |  | |  | |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| **mercoledì** |  |  |  | |  | |  | |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| **giovedì** |  |  |  | |  | |  | |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| **venerdì** |  |  |  | |  | |  | |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| **sabato** |  |  |  | |  | |  | |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| **domenica** |  |  |  | |  | |  | |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | | |  | |  | |  | |  | SETTIMANA **1** | |  | SETTIMANA **2** | | |  | SETTIMANA **3** | |  | SETTIMANA **4** | |  | SETTIMANA **5** | |

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| DATA |  | **Firma INFERMIERE:** |  |

NOTA: numerare progressivamente ogni scheda e archiviare le schede cronologicamente in un unico plico per ogni singolo anno.