



**ANTICOAGULANT PT/INR MONITORING**

**Policy & Procedure**

SAMPLE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.*