Guide to Warfarin Therapy

Contents

How warfarin works .............................................. 1
Why am I taking warfarin? .................................... 1
How to take warfarin ............................................. 2
What happens during the blood tests? ................. 2
  Your INR goal range .............................. 2
Why are blood tests important? ......................... 2
  Testing schedule ................................... 2
Preventing bleeding and clotting ....................... 3
  Surgery or dental procedures .................... 4
  If you fall ........................................... 4
Travel .................................................. 5
  Wearing a medical ID .............................. 5
Your warfarin checklist ................................ 5
When to call your care team ............................ 6

How warfarin works

Warfarin is sometimes called a “blood thinner” (though it doesn't thin your blood). This drug can prevent new clots from forming and stops existing clots from growing larger. It can't break up a blood clot.

• The length of time you're on warfarin depends on why you're taking it. Treatment ranges from several weeks to lifelong.

• Warfarin is sometimes referred to by its brand names, Jantoven and Coumadin. The generic name is warfarin.

• You will need regular blood tests while taking warfarin.

Why am I taking warfarin?

You may have had a blood clot, or you may have a condition that puts you at risk for a future blood clot, such as:

☐ Atrial fibrillation (rapid and irregular heartbeat)

☐ Deep vein thrombosis (blood clot in the leg, groin or arm)

☐ Pulmonary embolism (blood clot in the lung)

☐ Heart failure

☐ Heart valve replacement

☐ Joint replacement

☐ Recent surgery (during bed rest, your risk of forming a clot increases)

☐ Other: ___________________________________________
**How to take warfarin**

Take warfarin as directed by your care team. The amount needed varies for each person.

- **Take warfarin at the same time every evening.** Choose a specific time that's easy to remember. You may take it with or without food.

- **Keep track of your doses** on a calendar or with a pill organizer box.

- **Keep track of your refills.** Always refill your prescription at least 1 week before you run out.

- **Never stop taking warfarin without discussing it with your care team.**

- **If you miss a warfarin dose:** Take it as soon as you remember. Don't take more than two doses within 24 hours.
  - In your warfarin calendar, note the time of your missed dose and when you made it up.
  - Call your care team if you have questions.

- **Look at the tablets after you buy them.** Make sure the color and shape of the tablets are the same each time. If something changes, ask the pharmacist.

**What happens during the blood tests?**

Most patients have a small sample of blood taken from their finger. A machine checks how long it takes your blood to form a clot. This result is called your “INR.” Your INR tells us whether you are taking the right dose of warfarin for you.

**Your INR goal range**

Your doctor will set an INR goal range for you based on why you are taking warfarin. Ideally, your INR test results will fall within this goal range. This means that your blood is not clotting too much or too little. Ask your care team what your personal INR goal is.

Write your INR goal here: ____________________.

**Why are blood tests important?**

It takes time to figure out the right dose for each person. In the beginning, we may change your warfarin dose several times.

Even after you've been on warfarin for some time, we may need to adjust your warfarin dose. This is because certain vitamins, medicines and illnesses can affect your INR. A change in your INR result lets us know this is happening and we can adjust your warfarin dose, if needed.

**Testing schedule**

- When you first start warfarin, your blood will be tested 1 or 2 times per week for several weeks. We will call you to discuss your results.

- After that, tests will be done every 2 weeks until your INR is stable.

- Once your INR is stable, you should be tested about once a month. If you have a change in medications, illness, hospitalization or a procedure, you may need to have your INR checked sooner.
What can affect my INR?

**Vitamin K**

Vitamin K helps your body form blood clots. An increase or decrease in your vitamin K intake can change the way warfarin works. For example:

- A sudden increase in foods with vitamin K can cause your INR to drift **down**.
- A sudden decrease in vitamin K can cause your INR to drift **up**.

Green, leafy vegetables are one of the main sources of vitamin K. This includes Swiss chard, green leaf lettuce, broccoli, Brussels sprouts and parsley are all high in vitamin K. Usually, the darker green a vegetable is, the higher the amount of vitamin K.

Vitamin and mineral supplements may contain vitamin K. (For example, Viactiv calcium tablets contain vitamin K.)

**What to do:**

- **Keep your vitamin K intake steady.** You don't need to stop eating foods with vitamin K. But your intake of vitamin K should stay the same from week to week. Keep eating the foods you normally do. If you ate foods high in vitamin K before starting warfarin, keep eating them. To find out whether a food has vitamin K, you can try the following:
  - Read product labels
  - Search for the product online at [www.drgourmet.com/md/relativewarfarinlist.pdf](http://www.drgourmet.com/md/relativewarfarinlist.pdf)
  - Check with your care team
  - Get a list of foods high in vitamin K from your clinic, pharmacist or dietitian.
- **Tell us if you make any major changes in your diet, such as starting or stopping a weight loss program.** We may need to adjust your dose.

Preventing bleeding and clotting

**Pain relief medicines**

You make take Tylenol (acetaminophen) for pain relief. Tell your care team if you're taking more than 2,000 mg per day. Larger doses may interact with warfarin, and you may need your INR checked more often.

- Avoid ibuprofen (Advil or Motrin) and naproxen (Aleve); they may increase the risk of bleeding.
- Ask your care team before taking any product that contains aspirin, Acetylsalicylic acid, Salicylic acid or Salicylate. **Note:** Some over-the-counter products contain aspirin (such as Pepto-Bismol and Kaopectate). Read the labels.

**Vitamins and supplements**

Some health products, such as vitamin E and fish oil, may raise the risk for bleeding. Be sure your care team knows about all products you are taking. Ask your care team before starting a new product or changing your dose.

**Herbal products**

Some herbs are known to affect warfarin or bleeding. These include ginkgo, garlic, ginseng, alfalfa and ginger. Many other herbs cause problems as well. Ask your care team before using any herbal products.

**Illnesses and infections**

A illness can change the way your body processes warfarin. Your INR may go up. Call us if you have:

- A bacterial infection or viral infection (cold, flu, fever, vomiting or diarrhea).
- Begin taking antibiotics.
**Personal care**

- Use a soft toothbrush and waxed dental floss. Avoid toothpicks.
- Be very careful when using sharp objects, like knives, scissors and toenail clippers.
- Use an electric razor.
- Always wear sturdy, non-skid shoes or slippers.
- Wear gloves when working outdoors.

**Exercise and activity**

Exercise is good, but you should avoid contact sports (such as football, hockey, soccer) and activities that carry a high risk of injury. If you're not sure if a job or activity is high-risk, talk with your care team.

**Surgery or dental procedures**

Some surgeries and dental procedures are known to cause bleeding. For example: any exam that uses a scope (colonoscopy), a biopsy to take tissue samples, having a root canal or several teeth pulled.

At least 2 weeks before your surgery or dental procedure:

- Tell your care team that you take warfarin.
- Tell the person who manages your warfarin that you will be having a surgery or procedure.

We may ask you to stop taking your warfarin for several days.

- You can usually restart warfarin the day of your surgery or procedure, unless your care team tells you not to.
- **Always talk to your care team before you start or stop your warfarin.** Call your care team if you have questions.

**Alcohol and tobacco**

- Avoid drinking alcohol. If you choose to drink, have no more than 1 to 2 drinks in 24 hours.
  - Binge drinking puts you at greater risk for falling; this increases your risk of bleeding and your INR. Be sure to let your care team know about your alcohol intake.
- Smoking or chewing tobacco can affect your INR. Tobacco is also bad for your health.
  - Let your care team know if you start or stop smoking or chewing tobacco.
  - If you use tobacco, ask your care team for help in quitting.

**If you fall**

During a fall, you may hit furniture and other objects. Each part of your body that gets hit may have bleeding, even if you can’t see it.

- **If you have bleeding:** Put direct pressure on the area and call your care team. If the bleeding doesn’t stop in 10 minutes, call 911 or go to the Emergency Department.
- **If you have bruising:** Draw a circle around all areas of the body that were hit in the fall. Check them every 5 minutes, drawing new circles as the bruises get larger. If they keep getting larger after 20 minutes, call your care team. (If you can’t reach your care team, go to the Emergency Department.)
Managing your medicines

Many medicines can change how warfarin works. It isn’t possible to know them all. To be sure that you receive the best drug therapy, follow these tips.

• Call your care team if you:
  − Start or stop any prescription medicine or over-the-counter product (including herbal)
  − Have questions about a new medicine.

• Tell any care provider you see (including your dentist) that you take warfarin. This will help them choose medicines that won’t affect warfarin.

• Get all of your medicines from the same pharmacy. The pharmacist can check if the medicines might interact.

• If you need help managing your medicines safely, a specially trained pharmacist is available to meet with you. Meetings are 30 to 60 minutes long. For more details or to set up an appointment, call Medication Therapy Management at 612-672-7005.

Travel

• If you will go on a trip for 2 weeks or longer, tell your care team. You may need to have a blood test while you’re away.

• Make sure that you have enough warfarin to last during your trip.

• If you travel by plane, keep your medicine in your carry-on bag.

Wearing a medical ID

Please wear a medical ID bracelet or necklace. You should also carry an ID card that states:

• The name of the drugs you’re taking and why you’re taking them.

• Your name, phone number and address.

• Your clinic’s name, phone number and address.

It’s vital that everyone involved in your health care (doctors, dentists, nurses and pharmacists) knows that you take warfarin. If you’re injured, your ID card will tell medical workers how to safely treat you.

Your warfarin checklist

- Take your warfarin as prescribed.
- Have your INR tested regularly.
- Keep the vitamin K in your diet consistent, see page 4.
- Write down your warfarin doses and INR results.
- Follow page 4 and page 5 for guidelines on:
  - Exercise and activity
  - Surgery and dental procedures
  - Alcohol and tobacco
  - Travel
- Carry or wear a medical ID.
When to call your care team

- You have signs of clotting or bleeding (see below).
- You have any changes to your medicines, including new prescriptions
- You have questions about how food or drugs interact with warfarin or other concerns.

Clotting

If your INR gets too low, your risk for blood clots will increase.

Call 911 or go to the Emergency Department for:

- Chest pain, shortness of breath or other problems breathing.
- Any signs of stroke (often sudden):
  - Numbness or weakness in your face, arm or leg, often on one side of your body.
  - Confusion or trouble speaking, reading or understanding what is being said.
  - Blurred or decreased vision in one or both eyes.
  - Trouble walking or moving a part of the body. This includes loss of balance or feeling dizzy.
  - Severe headache for no reason.
  - Fainting or seizures.

If you have other signs of a blood clot, call your care team right away:

- Sudden pain or tenderness in your leg or arm.
- Sudden swelling of your leg or arm.
- Changes in skin color on your leg or arm. Skin may become red, or it could be black, blue or green.

Bleeding

Warfarin may cause you to bleed more easily. If your INR gets too high, your risk of bleeding will increase. Some signs of bleeding are easy to see while others are not.

Call 911 or go to the Emergency Department if you have:

- Hit your head
- A bad fall
- A deep or severe cut
- Bleeding from a small cut or injury that won't stop, even after putting pressure on it.
- Nose bleeds that last 10 minutes or more.
- Blood coming up when you vomit or cough
- Red or black poop
- Red or orange pee
- A sudden, severe headache.

Call your care team right away if you have:

- Bleeding gums
- Large bruising for unknown reasons
- Pale skin
- Tiredness
- Periods that are heavier than normal or unexpected bleeding from the vagina.