

Let's Talk About...

Warfarin: An anticoagulant medicine

Warfarin is an anticoagulant (an-tie-coh-WAG-you-lant), a medicine that decreases the blood's ability to clot. Coumadin® and Jantoven® are the brand names for warfarin.

What does warfarin do?

Warfarin stabilizes blood clots and prevents them from getting bigger and moving to the brain or lungs, where they could cause a stroke or pulmonary embolism (PE). Though warfarin and other anticoagulants are sometimes called blood thinners, they don't actually thin your blood. They don't break up existing clots, either. The body will gradually break up clots on its own.

How does warfarin work?

Warfarin works by blocking vitamin K, which creates blood-clotting factors (proteins that help control bleeding). Blocking some of these factors can prevent blood clots, but your child's bleeding risk may increase if too many clotting factors are blocked. This is why it's important to find just the right balance and do follow-up blood testing.

Finding the right balance with warfarin can be tricky. That's because certain things, such as food, drinks, other medicines, illness, and stress, can affect how your body responds to it. You must work closely with your child's healthcare provider to manage your child's warfarin therapy.

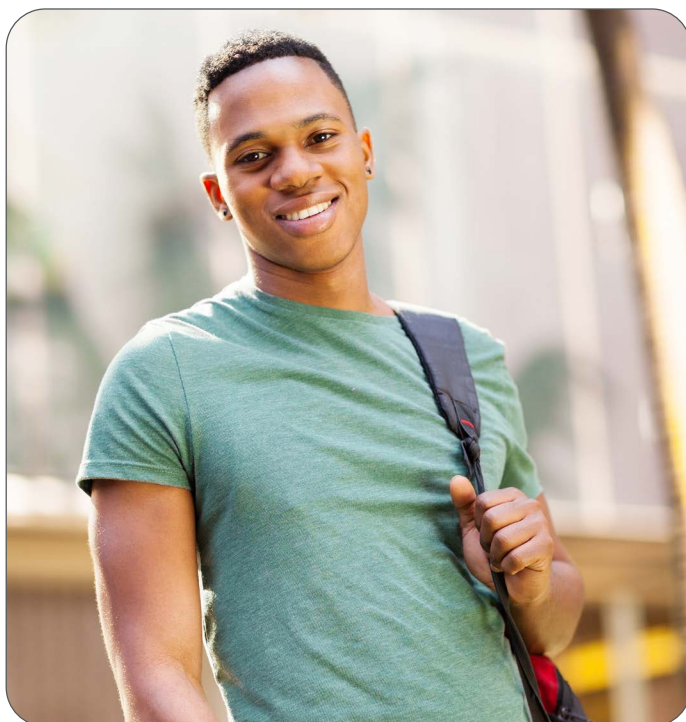
How do I know my child is taking the right warfarin dose?

To ensure your child is taking the right dose of warfarin, a healthcare provider will perform a prothrombin time (PT) and international normalized ratio (INR) blood test. This test shows how quickly your child's blood clots and how well the warfarin is working. The goal INR level is usually between 2 and 3, but it is sometimes between 2.5 and 3.5.

- If the INR is above the goal range, the blood is not clotting easily. Your child may be at risk of bleeding and need a lower dose of warfarin.
- If the INR below the goal range, the blood is clotting too easily. Your child may be at risk of developing a clot and need a higher dose of warfarin.

Your child's healthcare provider will tell you how often your child needs PT/INR tests. When they're first starting warfarin therapy, or when the dose changes, your child will need testing every few days or every week. Once the PT/INR becomes stable, they'll need testing less often.

Make sure your child keeps all lab appointments, and reschedule if needed. Try to take your child to the same lab each time for the tests, usually in the morning. Results may differ between labs.



How does my child take warfarin?

Your child must take warfarin once every day at about the same time, generally in the evening. This way, if your child's blood test shows they need a dose change, their healthcare provider can tell you before the evening dose. Always follow your child's healthcare provider's specific instructions.

If your child misses a dose:

- Give them the dose as soon as possible
- Never give your child 2 doses in one day to make up for a missed dose
- Call your child's healthcare provider for instructions

Warfarin's effects last 2–5 days after a dose is taken.

What should I do if my child starts bleeding?

If your child starts bleeding, apply constant pressure to the area.

Tell your child's doctor if you notice any of these signs of increased bleeding:

- Bruising more than usual (or more than you would expect)

- Abnormal bleeding from the nose or gums
- Pink, red, or dark brown urine
- Minor bleeding or bright red bleeding from the bowel
- Increased menstrual bleeding

Call 911 or go to the hospital emergency room if your child has:

- A very bad headache and stiff neck that come on suddenly
- Black, tarry, and smelly stools
- Sudden dizziness, faintness, or weakness
- Sudden pain in a joint
- Cloudy vision that comes on suddenly
- Cold or numbness in their arm or leg
- Sudden chest pain (with or without shortness of breath)
- Trouble talking or trouble moving one side of their body
- Bleeding that does not stop



What else should my child know about taking warfarin?

Many factors affect your child's anticoagulant. It's important to be aware of these factors and follow your child's healthcare provider's advice carefully.



Food and drink Vitamin K

Your child should **consistently** eat the same amount of vitamin K-rich foods. They can't eat "too many" or "too few" natural sources of vitamin K. For example, if they were eating 4 salads a week before starting warfarin, they should continue to eat 4 salads a week while taking warfarin.

This makes it easier for their healthcare provider to match their warfarin dose to their vitamin K intake. Here are a few foods rich in vitamin K:

- Most green, leafy vegetables, including dark green lettuce, spinach, kale, parsley, and collard greens
- Brussels sprouts
- Cabbage
- Avocado
- Asparagus
- Broccoli and cauliflower
- Cucumbers (unpeeled)
- Green peas
- Soybean and canola oils
- Soymilk
- Liver, liverwurst, and beef heart

Alcohol

Your child should avoid alcohol, which can affect their PT/INR level and make it hard to manage their warfarin dose.

Grapefruit juice

Your healthcare provider may tell your child not drink grapefruit juice at the same time they take warfarin.



Medicine interactions

Many medicines can affect how warfarin works. Tell your child's healthcare providers (dentists, doctors, and pharmacists) about ALL of the medicines they take.

It is especially important to tell them your child takes warfarin. Their healthcare providers need to know this before prescribing any new medicines.

Medicines to watch for

Call your child's healthcare provider if your child starts, stops, or change their dose of any of these medicines:

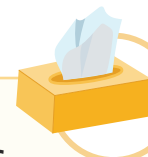
- Antibiotics (a course of 3 days or more)
- Antidepressants
- Amiodarone (Pacerone® or Cordarone®)
- Cholesterol medicine
- Interferon
- Fluconazole (Diflucan®)
- Steroids
- Multivitamins

Pain relief

Your child should avoid aspirin, ibuprofen (Advil®, Motrin®), or naproxen (Aleve®) unless their healthcare provider prescribed it. Taking acetaminophen (Tylenol®) is okay.

Herbal supplements

Your child shouldn't take any herbal supplements without checking with their healthcare provider first.



Illness, stress, and other factors

Illness and stress

Both illness and stress can affect how well warfarin works. If your child has been ill or hospitalized, or has more stress than usual, talk with their healthcare provider. They may need more frequent blood tests to help adjust their warfarin dose during this time.

High-risk activities

Check with your child's healthcare provider before your child does any activity where they risk getting hurt. This includes contact or extreme sports and work on a ladder or around sharp tools. When your child takes warfarin, an injury could cause serious bleeding.

Pregnancy

Your child shouldn't take warfarin if they're pregnant or plan to become pregnant. It can cause birth defects. They should use birth control if there's any chance they might become pregnant. If your child becomes pregnant while taking warfarin, **call their healthcare provider right away.**

Surgery and dental procedures

Sometimes your child needs to stop taking warfarin before surgery, but they don't usually need to stop taking warfarin before a dental procedure. Contact the healthcare provider who manages your child's warfarin therapy at least 2 weeks before any procedure.

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