

Anticoagulation Therapy with Warfarin: *What you need to know and do*

What is warfarin and why do I need it?

Warfarin is a type of medicine called an anticoagulant [an-tye-coh-AG-yoo-lehnt]. These medicines treat and help prevent blood clots. They are usually prescribed for the treatment of certain heart, lung, and blood vessel diseases because they can help prevent strokes and blood clots. You may know of warfarin by its brand names “Coumadin” or “Jantoven.”

How does warfarin work?

Warfarin and other anticoagulants are sometimes called “blood thinners,” but they don’t actually thin your blood. They won’t break up existing clots, either. Warfarin prevents clots from forming and keeps existing clots from getting bigger.

Warfarin works by blocking the action of vitamin K. Your body needs vitamin K to create **blood clotting factors**. Blood clotting factors are proteins that help control bleeding.

Blocking some of these factors can prevent blood clots, but if too many clotting factors are blocked, your bleeding risk may increase. This is why it’s important to find just the right balance and why you need to do all follow-up blood testing.

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

How and when do I take warfarin?

Warfarin is taken once daily. **Always follow your healthcare provider’s specific instructions.**

- **What dose to take:** Warfarin is commonly prescribed as a weekly dose. Your healthcare provider will tell you exactly how much to take each day. The 7-day total will add up to the correct weekly dose. For example, your healthcare provider may tell you to take a half tablet on Sunday, Tuesday, Thursday, and Saturday, but have you take a whole tablet on Monday, Wednesday, and Friday.
- **When to take your dose:** You should take your warfarin at the same time every day. Many healthcare providers prefer that you take it in the evening. This way, if your regular blood test shows you need a change in dose, you can be told about that change before your next evening dose.
- **What to do if you forget a dose:** If you forget to take your warfarin, take it as soon as you remember. If it’s time for your next dose, do one of the following:

Take both doses

OR

Skip the dose you missed and take the current dose only

If your healthcare provider has not specified one of the above, call for instructions. **Never make up more than one missed dose.** Make a note of the missed dose in your dose tracker along with the action you took. Tell your healthcare provider at your next visit.



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What follow-up tests will I need?

While you are taking warfarin, you will need to have regular **PT/INR blood tests**. A PT/INR test measures the anticoagulant effect of warfarin. This helps your healthcare provider know whether or not you are taking the right amount of warfarin.

- **What does PT/INR mean?** PT stands for **prothrombin time**, sometimes abbreviated as **pro-time**. This is the time it takes your blood to clot. INR stands for “International Normalized Ratio,” which is a standard calculation based on your PT.
- **How often do I have to be tested?** When you first start anticoagulation therapy, or when you change doses, you may have to have a PT/INR test every few days or every week or two. Once your PT/INR values become stable, you may not need to test as often. Your healthcare provider will let you know.
- **What is good warfarin control?** Your healthcare provider will check to see how often your INR is in the desired range. The higher the percentage, the better. This is called the “time in therapeutic range.” One-hundred percent is perfect, and greater than 75 percent is desired.

What about follow-up appointments?

Be sure to keep ALL your appointments for blood tests and follow-up appointments. You will need to see your healthcare provider at least once each year to make sure your warfarin is working for you and to determine if it is the best choice of anticoagulant for your health needs. Together, you and your healthcare provider can make sure you get the most benefit from your anticoagulant.



My follow-up appointment

Date/Time: _____

Place: _____

Doctor: _____

Dosing Tips

- **Use a PILLBOX:** Using a pillbox is a great way to keep track of your daily dose, and to remind you to take your medicine every day. At the beginning of each week, fill the pillbox with the right dose for each day of the week.
- **Use a daily dosing chart** such as the one shown below to track your dosing instructions and any changes based on your blood tests. Make a note of any missed doses in your dose tracker along with the action you took. Tell your healthcare provider at your next visit.



Sample Daily Dosing Chart

Date	Tablet strength and color	Weekly dose	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6/17 to 6/24	2 mg lavender	10 mg	1 tablet	$\frac{1}{2}$ tablet	1 tablet	$\frac{1}{2}$ tablet	1 tablet	$\frac{1}{2}$ tablet	$\frac{1}{2}$ tablet

What else should I know about taking warfarin?

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

Food and drink Vitamin K



Be **consistent** in the amount of vitamin K-rich foods you eat. You can't eat "too many" or "too few" natural sources of vitamin K. Over the course of each week, eat high-vitamin K foods consistently. For example, if you were eating 4 salads a week before starting warfarin, you should continue to eat 4 salads a week while taking warfarin.

This makes it easier for your healthcare provider to match your warfarin dose to your intake of vitamin K. Here are a few foods that are 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
- Soy milk
- Liver, liverwurst, and beef heart

Alcohol

Avoid alcohol. Drinking alcohol can affect your PT/INR level, making it difficult to manage your warfarin dose. If you drink and don't want to quit, be consistently moderate in your alcohol intake.

Grapefruit juice

Your healthcare provider may tell you to avoid drinking grapefruit juice at the same time you take your warfarin.

Medicine interactions



Talking with your healthcare providers

Many medicines can affect how your warfarin works. Tell your healthcare providers about ALL of the medicines you are taking. **It is especially important that you tell them you are taking warfarin.**

Your healthcare provider needs to know this before prescribing any new medicines.

Medicines to watch for

Call your healthcare provider or anticoagulant clinic if you start, stop, or change your dose of any of these medicines:

- Antibiotics (if you're prescribed a course of 3 days or more)
- Antidepressants
- Amiodarone (Pacerone or Cordarone)
- Cholesterol medicine
- Interferon
- Fluconazole (Diflucan)
- Steroids
- Multivitamins

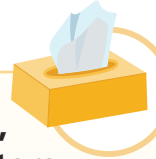
Pain relief

Avoid aspirin, ibuprofen (Advil, Motrin), or naproxen (Aleve) unless prescribed by your healthcare provider. Taking acetaminophen (Tylenol) is okay, but limit your daily intake to 2,000 mg or less (6 regular or 4 extra-strength tablets or less).

Herbal supplements

Don't take any herbal supplements without checking with your healthcare provider first.

Illness, stress, and other factors



Illness and stress

Both illness and stress can affect how well warfarin works. If you've been ill or hospitalized, or had more stress than usual, talk with your healthcare provider. You may need to have more frequent blood tests to help adjust your warfarin dose during this time.

High-risk activities

Check with your healthcare provider before doing any activity where you risk getting hurt. This includes contact or extreme sports, work that puts you on a ladder or around sharp tools, etc. When you're on warfarin, an injury could cause serious bleeding.

Pregnancy

Don't take warfarin if you're pregnant or plan to become pregnant. Warfarin can cause birth defects. Use birth control if there is any chance you might become pregnant when taking warfarin. If you become pregnant while taking warfarin, **call your healthcare provider right away.**

Surgery and dental procedures

Sometimes it's necessary to stop taking warfarin before surgery. However, it is usually not necessary to stop taking warfarin before a dental procedure. Be sure to contact the healthcare provider who manages your warfarin therapy at least 2 weeks before any procedure is scheduled.



Call your doctor or anticoagulation clinic in these situations:

- **If you start, stop, or change the dose** of any of the medicines listed on the previous page.
- **If you've been told to stop your warfarin before a surgical or dental procedure.** Try to call at least 2 weeks before the procedure is scheduled. Your healthcare provider may need to give you a medicine other than warfarin before and after the procedure.
- **If you've been very ill or hospitalized.** Your healthcare provider can help make sure your current dose fits your current circumstances.
- **If you notice any of these signs of increased bleeding:**
 - Bruising that is 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 blood from the bowel
 - Increased menstrual bleeding



Call 911 or go to the hospital emergency room if you notice any of the signs below:

- 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 (like an ankle, knee, wrist, elbow, shoulder, or hip)
- Cloudy vision that comes on suddenly
- Cold or numbness in your arm or leg
- Sudden chest pain—with or without shortness of breath
- Trouble talking or trouble moving one side of your body



Questions for my doctor

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