Things to Know When Taking Warfarin (Coumadin®)

Anticoagulation Therapy
Highlights

• Warfarin is an anticoagulant medicine that stops clots from forming in blood vessels and in the heart. If a blood clot forms in one of your blood vessels, it can be very dangerous.
• While you are taking warfarin, your blood needs to be tested every 1-4 weeks to check the effect of warfarin.
• Your INR may go up or down if you are very sick, you change your medicines, you drink more alcohol than recommended or you change your diet.
• You should call your warfarin care team if you:
  ▪ Have unusual or unexpected bruising or bleeding.
  ▪ Have a surgery or procedure scheduled.
  ▪ Change your medicines or diet.
  ▪ Have a bad cold, fever, diarrhea or vomiting.
  ▪ Are planning a pregnancy or think you may be pregnant.
• You should go to urgent care or the emergency department if you:
  ▪ Have serious bleeding, sudden trouble breathing or sudden chest pain.
  ▪ Hit your head or have a serious injury, accident or fall.

Why Do I Need Warfarin (Coumadin®)?

Your doctor wants you to take warfarin because you have a blood clot or you have a medical condition that increases your risk of forming blood clots. Warfarin is an anticoagulant that helps prevent clots from forming in blood vessels and in the heart. It does not stop your blood from clotting completely.

You are taking warfarin for: ________________________________________________________________

Who is Going to be Taking Care of My Warfarin?

Froedtert & the Medical College of Wisconsin, pharmacists, nurses and doctors work closely as a team to make sure you stay safe while taking warfarin. This is called your warfarin care team. Most of the time, you will see or talk to a pharmacist or nurse about your warfarin.
What Should I Know About Blood Clots?
If a blood clot forms in one of your blood vessels, it can be very dangerous. Examples of dangerous clots include stroke, pulmonary embolism (PE) and deep vein thrombosis (DVT).

Stroke
The most common type of stroke happens when a blood clot forms in an artery in your brain or a clot forms in another part of your body and then travels to an artery in your brain. A stroke is a medical emergency and can cause death. Treatment is needed quickly.

F.A.S.T. is an easy way to remember the signs of a stroke:

- **Face Drooping** – Does one side of the face droop? Is it numb? Smile. Is your smile uneven?
- **Arm Weakness** – Is one arm weak or numb? Raise both arms. Does one drift downward?
- **Speech Difficulty** – Is speech slurred? Are you unable to speak or are you hard to understand? Can you repeat a simple sentence like “The grass is green?”
- **Time to call 911** – If you have any of these signs (even if the signs went away) call 911. Check what time it is so you know when the symptoms started.

Other signs of a stroke you should know:

- Sudden numbness or weakness of a leg or arm or your face.
- Sudden confusion or trouble understanding.
- Sudden trouble seeing in one or both eyes.
- Sudden trouble walking, dizziness, loss of balance or coordination.
- Sudden severe headache with no known cause.
Deep Vein Thrombosis (DVT)
A DVT is a blood clot in a leg or arm vein. Signs of a DVT:
• Pain, swelling or redness in your arm or leg.
• Skin may feel warm or tender or hurts to touch.

Pulmonary Embolism (PE)
A PE is a blood clot in a lung vein. Signs of a PE:
• Sudden shortness of breath.
• Chest pain when you take a breath in.
• Cough with mucous that can be bloody.
• Fast heartbeat.
Why Do I Need Regular Blood Tests?

While you are taking warfarin, you need to have your blood tested to measure your INR (International Normalized Ratio). An INR compares how long it takes your blood to clot compared to a person’s blood to clot that does not take warfarin. For your safety, your doctor will decide the INR range that is best for you.

Your goal INR range is:

An INR below your goal range can increase your risk of forming a blood clot. (Your blood is “thicker” than your doctor wants).

An INR above your goal range may increase your chance of serious bleeding. (Your blood is “thinner” than your doctor wants).

When Do I Call My Warfarin Care Team?

Call if you have:

- A change with any of your medicines or supplements (including starting or stopping a medicine or changing a dose of a medicine).
- Bleeding from a minor cut or wound that does not stop after 10 minutes with applying pressure.
- Unexpected or unusual bleeding from nose or gums.
- Bleeding hemorrhoids.
- Unexpected severe bruising or bruises that get bigger.
- A heavier than normal period (menstrual cycle) or unusual bleeding between cycles.
- Any scheduled procedure or surgery.
- A big change in your diet or appetite (see pages 6-7 for examples).
- A bad cold, fever, diarrhea or vomiting.

When Do I Seek Urgent Medical Care?

Go to urgent care or the emergency department if you:

- Have signs or symptoms of a DVT, PE or stroke.
- Have serious bleeding [for example, bloody diarrhea; vomiting blood (may look like coffee grounds); coughing up blood; red or dark urine; or dark, sticky (tarry) stools].
- Hit your head or have a serious injury, accident or fall; you may be bleeding on the inside even if you do not see blood.
- Have been told to go by your warfarin care team.
Why Does My Warfarin Dose Change?

- To keep your INR in your goal range, we may need to change your warfarin dose. You may need to take a different dose on certain days each week.
- Take your warfarin exactly as you are told to take it and at about the same time each day.
- When getting a refill of warfarin from your pharmacy, if the shape or color of your warfarin tablet has changed, check with your pharmacist to be sure you are getting the right dose.

What if I Forget to Take a Dose of Warfarin?

- Call your warfarin care team for directions on what to do.
- Never take two doses of warfarin at one time unless your warfarin care team tells you to do this. Taking more warfarin than your warfarin care team ordered could cause bleeding or death.

What Can Raise or Lower INR?

Sickness:
- Severe diarrhea; vomiting; or a bad cold, fever, or nausea

Medicines (Prescription and Over-the-Counter):

- If you start, stop, or change any prescription or over-the-counter medicine or supplement, call your warfarin care team to let them know.
- Make sure your warfarin care team has a complete list of all the medicines, vitamins and supplements you take.
- Many prescription and over-the-counter medicines raise the risk of bleeding or clotting or interact with warfarin. Examples include:
  - Some antibiotics.
  - Ibuprofen (Advil®, Motrin®), naproxen (Aleve®, Naprosyn®), acetaminophen (Tylenol®) or aspirin. These medicines are also in many cold products. You should keep taking aspirin if your doctor has told you to take it.
  - Acetaminophen (Tylenol®) is the safest medicine to take for pain or fever in low doses. Daily doses over 2,000 mg (4 extra-strength tablets or 6 regular-strength tablets) are more likely to raise your INR.
  - Stomach medicines such as Pepto Bismol®, omeprazole (Prilosec®) or lansoprazole (Prevacid®).
  - Many multi-vitamins and herbal supplements.
Alcohol:
• Drinking alcohol can raise your INR and increase your risk of bleeding.
• Ask your warfarin care team for details on how much alcohol is a safe amount for you. For most patients, moderate use of alcohol (up to one drink per day for women or two drinks per day for men) does not have a big effect on your INR.

Diet:
• Vitamin K changes how warfarin works and can be found in some foods.
• You do not need to avoid foods that contain vitamin K, but it is important to eat similar amounts and serving sizes every week to keep your INR in your goal range.
• Cranberry, pomegranate, or grapefruit juice or supplements can also change how warfarin works. Other juices such as orange or grape do not interfere with warfarin.
• See the table on page 7 for a list of common foods and drinks that can raise or lower INR. If you would like more details, ask your warfarin care team.
• Big diet changes such as weight loss programs can alter your INR. Call the clinic if you plan on changing your diet for any reason.

What May Change Your INR
• Big changes in appetite or diet.
• Changes to how much you eat of SOME green vegetables.
• Changes to how much you drink of SOME juices, teas, soy milk and nutritional supplements.
Table: Common foods and drinks that can raise or lower INR

<table>
<thead>
<tr>
<th>Vegetables</th>
<th>Other foods or drinks</th>
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<tbody>
<tr>
<td>Asparagus</td>
<td>Beef liver</td>
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<tr>
<td>Broccoli</td>
<td>Green tea</td>
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<tr>
<td>Brussel Sprouts</td>
<td>Soy milk</td>
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<tr>
<td>Cabbage (red, green, coleslaw or sauerkraut)</td>
<td>Nutritional supplements (such as Boost®, Ensure®, Carnation Instant Breakfast®)</td>
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<tr>
<td>Greens (mustard, collard, turnip, beet)</td>
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<td>Kale</td>
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<td>Lettuces (such as romaine, green leaf, endive and watercress)</td>
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<td>Okra</td>
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<tr>
<td>Parsley</td>
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<td>Swiss Chard</td>
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<td>Spinach</td>
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What Should I Do if I Am Having a Medical/Dental Procedure or Surgery?

- Call your warfarin care team as soon as you know you are having a procedure, surgery, or dental procedure.
- For some procedures or surgeries, you will need to stop your warfarin before the procedure and restart it after the procedure.
- Make sure the doctor, surgeon, or dentist doing the procedure or surgery knows that you are taking warfarin.
- You do not need to stop taking warfarin for regular dental cleanings.
Can I Take Warfarin if I Am Pregnant or Think I May be Pregnant?

- Warfarin can be very harmful to your baby if taken during pregnancy.
- Always use contraception (birth control) when taking warfarin.
- Call the warfarin care team if you are thinking of getting pregnant.
- If you think you may be pregnant, call the warfarin care team as soon as possible. **Do not stop taking warfarin until you are told to do so.**

What Should I Expect at Each Clinic Visit or During a Telephone Call?

**Your warfarin care team will review:**
- The reason for your visit/call.
- Notes from your recent anticoagulation clinic visits.
- Notes from other clinic visits including emergency department visits and hospitalizations.

**During your clinic visit or telephone call, your warfarin care team will:**
- Check your INR if you are seen in clinic.
- Talk about the INR result with you.
- Ask you how you take your warfarin.
- Review things that may affect your INR.
- Ask you questions about your medicines.
- Ask questions about signs and symptoms of clotting, abnormal bleeding, or bruising.
- Create a warfarin dosing plan.
- Determine when you should return for follow-up.

**If needed during your clinic visit or telephone call, your warfarin care team may:**
- Refill your prescription for warfarin or other blood thinner medicines.
- Create a plan for warfarin before and after a surgery, procedure, or dental visit.
Call the clinic with any questions or concerns you have.

Clinic phone number ____________________________________________

We encourage you to wear a medical-alert bracelet/necklace and carry a medical alert card with you at all times.

**Warfarin Emergency Card**

Fill in emergency card and keep in your wallet or purse:

<table>
<thead>
<tr>
<th>In Case of Emergency:</th>
<th>My Name:</th>
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<tbody>
<tr>
<td>I am taking the <strong>blood thinner Warfarin</strong> <em>(Coumadin®)</em> for:</td>
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<tr>
<td>Doctor:</td>
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<tr>
<td>Doctor Phone:</td>
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<td><strong>Emergency Contact:</strong></td>
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<td>Phone:</td>
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