

# Going Home On WARFARIN



A GUIDE FOR PATIENTS AND CARERS



LIVERPOOL HEALTH SERVICE

DEVELOPED AS PART OF THE “SAFER SYSTEMS SAVING LIVES “ PROJECT.  
WARFARIN MANAGEMENT IN ACUTE STROKE PATIENTS

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## WARFARIN: IMPORTANT INFORMATION FOR PATIENTS

Your doctor has given you warfarin, an anticoagulant tablet to thin your blood.

### WARFARIN

Warfarin belongs to a class of drugs known as anticoagulants, or 'blood thinners'. It helps to prevent the blood from clotting in your blood vessels (i.e. arteries and veins).

There are TWO different brands of Warfarin, they are Marevan and Coumadin. (Liverpool Hospital only uses the Coumadin brand.)

*Always use the same brand of Warfarin.* do not swap Coumadin tablets for Marevan.

### WARFARIN DOSE

Warfarin is prescribed in milligrams. There are THREE different strengths of Coumadin:

- 1mg Tablets: Light Tan Colour
- 2mg Tablets: Lavender Colour
- 5mg Tablets: Green Colour

*Ensure you take the correct tablets by checking the colour and strength against the dose prescribed by your doctor.*

*Too many tablets may cause bleeding; too few tablets may allow blood clots to form.*

### ADMINISTRATION TIME

Take the exact number of tablets prescribed under your doctor's direction at the same time each day. If you forget your regular daily dose, you may take that dose within 2 hours of missing that dose. If 2 hours has already passed, skip that day's dose until the next dose is due. Please consult your doctor. **Do NOT take an extra dose on the next day.**

### LABORATORY TESTS

#### INR BLOOD TESTS

The safety and effectiveness of Warfarin must be monitored regularly by performing INR blood tests. Your doctor will order these to ensure the correct amount of Warfarin is prescribed.

The INR blood level should be measured every 1 to 2 days if:

- Starting warfarin for the first time.
- Starting warfarin again, after having stopped it for a surgical procedure or other reason.
- Starting on new medicines or herbal preparations that are prescribed by your doctor or bought over-the-counter (without a prescription).
- Stopping any prescribed or over-the-counter medicines or herbal preparations.
- You are eating less for any reason (eg. with illness, vomiting, fasting for religious reasons).

*Consult your doctor & request an INR test if any of the above situations arise.*

**After leaving hospital, your next INR test is due on:** .....

This test can be performed by your local doctor, pathology laboratory. You must contact your Doctor when you have your INR results to find out what your Warfarin dose should be.

### **After your INR test:**

1. Phone your doctor (or the laboratory where the test is performed) on the day your INR test is taken, and ask what, if any, dose adjustment is required. ? The Lab can give the INR, they can't recommend dose adjustments
2. Write down the INR result and any dosage changes in your record book.

Once the INR result is stable, your INR may be monitored less frequently (usually once weekly or fortnightly, depending upon your particular situation).

### **WARFARIN ALERT CARD**

Please present this Card when attending for treatment or seeking advice from your doctor, dentist, pharmacist, physiotherapist, occupational therapist or any other health practitioner.

### **OTHER MEDICATIONS**

Other medications may change the blood-thinning effect of warfarin. This includes medicines that are prescribed by your doctor or bought over-the-counter without a prescription (eg. Aspirin, other anti-inflammatory drugs, some cold and cough mixtures, laxatives, antacids, herbal, and vitamin preparations).

*If you take warfarin, please tell your doctor all the medicines and other remedies you are taking. Please ensure you read the section on Laboratory tests and the need for regular INR test if you start, stop, or change medications.*

### **DIETARY PRINCIPLES**

- Avoid crash dieting and binge eating. Use alcohol in moderation (limit to 2 standard drinks/day) - avoid binge drinking.
- If taking laxatives or antacids, use in moderation and discuss this with your doctor.
- Green leafy vegetables may be eaten in moderation (these contain Vitamin K, which opposes the action of Warfarin).

### **SURGICAL PROCEDURES**

Your Warfarin may need to be stopped well before your surgery, dental work or medical procedure (eg. Gastroscopy, colonoscopy, arthroscopy, emergency room treatment after injury). At your first appointment please tell the doctor/dentist performing your procedure that you are taking warfarin.

### **TRAVEL**

Please ensure that your doctor provides you with a letter, and arranges for an INR test and follow up with another doctor during your period of travel.

## PREGNANCY

Warfarin should not be taken if you are pregnant, or are considering becoming pregnant. If you become pregnant, you must report to your doctor immediately. Please discuss an alternative type of anticoagulant therapy with your doctor.

## SIGNS OF BLEEDING

Warfarin acts as a blood thinner and therefore it increases the risk of bruising and bleeding.

**Please attend your doctor or a hospital emergency department immediately if you experience:**

<b>Less Obvious Signs:</b>	<ul style="list-style-type: none"><li>• Red or dark urine or bowel actions.</li><li>• Bloodstained vomit.</li><li>• Joint, muscle, stomach or back pain.</li><li>• Leg weakness or numbness.</li><li>• Headache, visual disturbance or dizziness.</li><li>• ANY OTHER UNUSUAL FEATURES.</li></ul>
<b>Obvious Bleeding:</b>	<ul style="list-style-type: none"><li>• Any bleeding that does not stop by itself (eg prolonged bleeding from cuts).</li><li>• Nosebleeds.</li><li>• Bleeding of gums from brushing.</li><li>• Increased menstrual flow, vaginal bleeding.</li></ul>
<b>Bruising:</b>	<ul style="list-style-type: none"><li>• Increased or new appearance of black or blue bruise marks.</li></ul>

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## Acknowledgements

- Liverpool Hospital Pharmacy Department in consultation with the Medical Services
- Armadale Health Service.

With reference and acknowledgements to:

- Liverpool Hospital Guidelines on the Use of Anticoagulants. 2006
- The Western Hospital Anti-coagulation and Thromboembolism Prophylaxis (Guidelines for), 1999.
- North Western Health, Prescriber Guidelines for Initiation of Full Anti-coagulation, 1999.
- The Alfred, Guidelines on the Use of Anticoagulants. 1998.

