



## Welcome to the CVC Anticoagulation Clinic

Your physician has referred you to the Anticoagulation Clinic so that we may carefully monitor your Warfarin therapy. The clinic is staffed by Registered Nurses who have had advanced training in the management of patients on Anticoagulation therapy. Nurses work under the direction of your physician to provide education and assure patient safety.

**You can contact the clinic by phone between the hours of 8:30 a.m. - 4:30 p.m., Monday through Friday @ 602-867-8644 option 3, & option 3.** If we are busy with other patients, please leave a message and provide the spelling of your name and your date of birth. We will make every effort to return your call promptly. If you leave a message after 4:00 p.m., we may not return your call until the next business day. If you have questions or concerns that cannot wait until regular business hours, call 602-867-8644 to speak with the on-call provider. You should report to the nearest Emergency Room if you are having symptoms of clotting or uncontrolled bleeding.

Patients are required to see their CVC Physician at least Once a Year for CVC AC Clinic to continue to Manage your INRs and Warfarin,

*Please Note: Your Insurance will be Billed a Phone Consult (Charge 93793) when discussing your INR and Dose Adjustment with an AC Certified Registered Nurse. Please contact your Insurance Company for any Questions.*

We look forward to working with you,

Sincerely,

***The Anticoagulation Clinic Staff***

You have been prescribed Warfarin for: \_\_\_\_\_

Your prescribed INR range is: \_\_\_\_\_

Your Next Lab Test Date: AS DIRECTED by CVC AC Staff

(Lab Corp or Sonora Quest)



## Patient Education

### Treatment with Warfarin (Coumadin)

Warfarin (Coumadin) is a medicine that is used to treat and prevent blood clots in the legs, lungs, heart, brain, and other parts of the body.

#### What is Warfarin?

Warfarin sodium (Coumadin) is a medicine that works as an anti-coagulant. “Anti” means “against,” and “coagulant” refers to blood clotting. An anticoagulant helps prevent clots from forming in the blood. Although Warfarin is sometimes called a “blood thinner,” it works in the liver to decrease the production of natural blood components called clotting factors.

#### Why am I taking Warfarin?

Your doctor has prescribed Warfarin to prevent the formation of harmful clots or to treat an existing blood clot. Blood clots may form in veins, arteries, or even within the chambers of the heart or on heart valves. Blood clots can create blocks in blood vessels and cut off the blood supply to a portion of the body. Rarely, they can break into fragments called emboli, and be swept along by the blood. Emboli from the veins can travel through the heart and lodge in the lung, causing a *pulmonary embolus* (PE). Emboli from the heart or arteries can cause a stroke if they lodge in the brain. Warfarin may be prescribed for treatment or prevention of:

- Atrial Fibrillation (heart-rhythm disturbance)
- Stroke
- Heart attack
- Deep vein thrombosis (a blood clot in a vein that leads to the heart, also called DVT) or pulmonary embolism.
- Heart-valve disease or heart-valve replacement

Warfarin therapy requires routine blood testing of the International Normalized Ratio (INR) to determine your dose. Doses can change often during treatment with warfarin.



## **How does Warfarin work?**

Warfarin blocks some of the ability of your liver to use vitamin K. Vitamin K is needed to make clotting factors that help the blood clot and prevent too much bleeding. Vitamin K is found naturally in certain foods, such as green leafy vegetables. Warfarin reduces the body's ability to make blood clots. It can help stop harmful clots from forming and keeps clots from getting larger, but it does not break up existing clots.

## **How long does it take for Warfarin to work?**

Warfarin begins to reduce blood clotting within 24 hours after taking the first dose. However, **the full effect may take 3 to 5 days to occur.** During this time, you may need to be treated with injectable heparin or low molecular weight heparin until the full effect of Warfarin has occurred.

## **How much Warfarin should I take?**

The amount of warfarin needed is different for each person. Your body's response to Warfarin is monitored by a blood test called International Normalized Ratio (INR). Your Warfarin dose is adjusted to get to your goal range for the INR based on the results of this blood test.

## **What is the INR?**

INR is the time it takes for your blood to form a clot. It is used to check how your body reacts to your dose of Warfarin. Your INR range is based on how much warfarin you need for your health condition. Most people have an INR of about 1.0 before they take Warfarin. After they start Warfarin, their goal INR range is between 2.0 and 3.0. For people with a heart valve replacement the INR range is usually 2.5-3.5. It may be higher if you are at greater risk of forming clots. In general, if your INR is below your target range (less than 2.0), you are at greater risk of forming clots. If your INR is above your target range (greater than 3.0), you are at greater risk of having problems with too much bleeding.

Have your blood tested when you are instructed by your doctor or by the Anticoagulation Clinic.



When you first start taking Warfarin, you may need to have your blood test twice a week. As your results become more consistent and your Warfarin dose becomes stable, blood testing is usually done once a month. How often your INR is tested will be decided by the Anticoagulation Clinic. **It is especially important that you get your blood tested on the date and time that is requested. If you have not been contacted by the Anticoagulation Clinic with your INR result within 24-48 hours after having your INR drawn, please contact the clinic at 602-867-8644 Option #3 and Option #3.**

### **What are the side effects of Warfarin?**

Side effects from Warfarin therapy do not occur very often, but bleeding is the most common. Very minor bleeding may occur even when your INR is in your goal range. This may include an increase in small bruises or slight gum bleeding when you brush your teeth. If you are experiencing something that you feel may be caused by your Warfarin, please contact the Anticoagulation Clinic.

### **What are the symptoms of too much Warfarin or a high INR?**

The main symptom of too much Warfarin or a high INR is easily bruising or bleeding. Call the Anticoagulation Clinic. Your INR may need to be checked.

### ***Minor Bleeding***

You might see any of these symptoms from time to time:

- Gum bleeding while brushing my teeth.
- Nosebleed
- Easy bruising
- More bleeding after minor cuts
- Longer menstrual bleeding

If your INR is too high, bleeding may occur.



Call your doctor or the Anticoagulation Clinic, or come to the hospital emergency room *right away* if you:

Have a serious fall or hit your head. Have any of these symptoms of **major bleeding**: - Red or dark brown urine. – Red or black, tarry stool – Vomiting or coughing up blood – severe headache or stomachache – unexplained bruising – frequent nosebleeds, bleeding gums, or unusual bleeding – any bleeding that does not stop or is very heavy.

### **What are the symptoms of too little Warfarin or a low INR?**

Blood clotting is a serious result of too little Warfarin or a low INR. **Call your doctor or the Anticoagulation Clinic, or go to the emergency room *right away* if you have any of these symptoms:**

- Sudden weakness in any limb
- Numbness or tingling anywhere.
- Visual changes or loss of sight in either eye
- Sudden onset of slurred speech or inability to speak.
- Dizziness or faintness
- New pain, swelling, redness, or heat in your arm, leg, or foot.
- New shortness of breath or chest pain

If your INR is too low, clotting may occur. Call the Anticoagulation Clinic whenever you start or stop any prescription medicine, OTC med or vitamin. Drug interactions with Warfarin can cause changes in the INR. This can increase your risk of bleeding or clotting.

### **When should I take Warfarin?**

Take your Warfarin once a day, at about the same time, usually in the evening. If you have trouble remembering to take your Warfarin, talk to the Anticoagulation Clinic Nurse. A daily pill box, mediset (a box that holds your pills for 1 week) or



dosing calendar can help you keep track of doses. You may take Warfarin with or without food. It should not upset your stomach. You may also take Warfarin when you take most other medicines.

### **What should I do if I miss a dose?**

Try not to miss any doses of Warfarin. If you do miss a dose:

- If you remember the same day, take your Warfarin later than the regular time.
- If you miss a day, call the Anticoagulation Clinic. If you cannot reach them, skip the missed dose, and continue your usual dose the next day at the normal time.
- Do NOT double your dose to “catch up.”
- Mark the missed dose on your calendar. Tell the Anticoagulation Clinic Nurse at your next Clinic visit or follow-up call.

### **Does Warfarin interact with any other medicines?**

Warfarin interacts with *many* other medicines. This includes some prescription drugs, over the counter medicines, herbs, and vitamins. It is especially important that you inform the Anticoagulation Clinic whenever you start or stop a medicine, herb, or vitamin. Please check even if another doctor prescribed the medicine. You may need more frequent INR checks for a brief period of time. There are some medicines that you should *never* take with Warfarin. They may decrease the blood’s ability to form clots and increase your risk of bleeding:

- Never take Aspirin unless it has been prescribed for you by your doctor.
- Do not take products containing Aspirin such as Excedrin, Alka-Seltzer, Ascription, Bayer, Bufferin, Ecotrin, Empirin, Nyquil and Pepto Bismol without first discussing this with the Anticoagulation Clinic Nurse.
- Do not take Ibuprofen such as Advil, Motrin, Nuprin, Medipren, Excedrin IB, Haltran, Midol 200, Pamprin IB, Naproxen (Aleve, Naprosyn, and Anaprox), Ketoprofen (orudis), Cimetidine (Tagamet HB) or Famotidine (Pepcid AC) without first discussing with the Anticoagulation Clinic.



- If you need a medication for mild pain relief, we recommend using Acetaminophen (Tylenol). Limit your use to no more than 2 grams per day, which is six of the 325mg or four of the 500mg tablets.

### **Is it safe to drink alcohol while taking warfarin?**

Alcoholic beverages, in moderation, are safe while taking Warfarin. This means no more than 1 drink per day and no more than 2 drinks every now and then (1 drink= 1 beer or 1 glass of wine or 1 cocktail or 1 shot). Drinking more alcohol than this can make your INR too high and increase your risk of bleeding.

Notify the Anticoagulation Clinic if you change the amount of alcohol that you usually drink, if there are any changes in your health, or if there are any changes in your lifestyle or activity level.

Foods that are high in vitamin K may reduce the effect of Warfarin and decrease your INR. Foods that are highest in Vitamin K are usually dark green leafy vegetables and lettuce. Your intake of these foods should be consistent while you are taking warfarin. If you usually eat several servings of 1 or more of these foods each day, it is all right to keep doing that. If you usually do not eat these foods, keep doing that. **The key is to be consistent.** The Anticoagulation Clinic Nurse will ask you about your diet at each visit to check your intake of foods high in Vitamin K. Foods and beverages that are low in Vitamin K do not influence warfarin. These include breads and grains, meats and dairy products, fruits, black tea (green tea is an exception), coffee and cola. If you are planning to change your diet, call the Anticoagulation Clinic so that your INR can be monitored more closely.

Tell your doctor or the Anticoagulation Clinic if you change your diet. Changes in the amount of Vitamin K foods you eat can change how much Warfarin you need to take. The most important thing is to keep your diet consistent. This will keep the amount of Vitamin K in your diet steady.





## **Foods with high levels of Vitamin K**

The most important thing to remember about your diet is to be **as consistent as possible** and **not** to significantly change the number of foods high in Vitamin K that you eat. Ask to talk with a dietitian if you have questions about what to eat.

A detailed list of foods & Vitamin K amount is available @ [www.PTINR.com](http://www.PTINR.com)

## **Should I limit activities while taking Warfarin?**

Since Warfarin increases your risk of bleeding, you should avoid activities that place you at risk of injury. Talk with your doctor or the Anticoagulation Clinic Nurse about your current activities and whether you should continue these while taking Warfarin. Physical activities that are usually safe are walking, jogging, and swimming. It is important to let your doctor or Anticoagulation Clinic Nurse know about any changes in your activity level, as this may also affect your INR.

## **What if I get sick?**

Illness changes your body's response to Warfarin. Congestive heart failure, fever, flu, viral or bacterial infection, nausea, vomiting or diarrhea can cause your INR to go up and increase your risk of bleeding. If you have any of these conditions, contact the Anticoagulation Clinic. **Please remember to call before starting an antibiotic.**

## **Who should know that I am taking Warfarin?**

It is especially important to tell all health care providers you see that you are taking warfarin. Tell your doctors, your dentist, and all pharmacists where you have prescriptions filled. Being on Warfarin may affect how they care for you in certain medical situations. Consider wearing a medical alert bracelet or necklace that will tell emergency health care providers that you are on Warfarin. If you need to stop the Warfarin for surgery or procedure you **NEED TO TALK** to the Anticoagulation Clinic.

## **What about pregnancy?**

You should not take Warfarin if you are pregnant or trying to get pregnant. There are other, safer choices for Anticoagulation in women who are pregnant. Talk with





your doctor, Anticoagulation pharmacist or Nurse so that you can switch to another medicine to prevent harm to the unborn baby.

## **Remember:**

- Take your Warfarin exactly as directed at the same time each day.
- Look for signs of bleeding or clotting and report them right away.
- Notify the Anticoagulation Clinic of changes in your dietary Vitamin K intake, activity level, or medicines (including vitamins and over the counter medicines)
- Call the Anticoagulation Clinic if you have fever, diarrhea, vomiting, or loss of appetite lasting longer than 1 day.
- Limit alcohol to 1 to 2 drinks per day.
- Tell all your health care providers that you are taking Warfarin, carry a wallet card and consider getting a medical alert bracelet or necklace.
- Keep all appointments or call promptly to reschedule.
- Call the Anticoagulation Clinic with any questions.

Home monitor Coaguchek XS is available to check INR at home. You must be on Warfarin long term with stable INR readings and compliance with checking INR's for at least **3 months**. Medicare and most insurance will cover the cost of the machine. If interested talk to the Anticoagulation Clinic staff.