What is warfarin?

Warfarin sodium (Coumadin®) is a medication that works as an anti-coagulant. “Anti” means “against” and “coagulant” refers to blood clotting. An anticoagulant helps to 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 are you taking warfarin?

Your provider 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 travel through the heart and lodge in the lung, causing a pulmonary embolus. Emboli from the heart or arteries can cause a stroke if they lodge in the brain. Some conditions for which warfarin is recommended include:

- Atrial fibrillation
- Stroke
- Following a heart attack
- Clotting Disorders
- Heart valve disease or heart valve replacement
- Treatment or prevention of DVT (deep vein thrombosis) or PE (pulmonary embolism)

How does warfarin work?

Warfarin partially blocks the ability of your liver to use Vitamin K. Vitamin K is needed to make clotting factors that help the blood clot and prevent bleeding. Vitamin K is found naturally in certain foods, such as dark green 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 3-5 days or more to occur, and may be delayed depending on your metabolism and a number of other factors.

During this time, you may need to be treated with injectable heparin or a low molecular weight heparin (Lovenox) until the full effect of warfarin has occurred.
How much warfarin should you take?

The amount of warfarin needed is different for each person. Your body’s response to warfarin is monitored by a blood test called the Prothrombin Time (PT) or International Normalized Ratio (INR). Your warfarin dose is determined and adjusted based upon this blood test to achieve your goal range for the INR.

**Have your blood tested when instructed by your provider or by the Anticoagulation Clinic.**

**What are the PT and INR?**

Prothrombin Time (PT) is measured in seconds and is the time it takes for your blood to form a clot.

International Normalized Ratio (INR) is a more consistent way of reporting the PT and is more widely used to monitor warfarin. Your goal INR is based on your indication for warfarin.

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, or higher if they 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 and if your INR is above your target range or greater than 3.5, you are at an increased risk of having bleeding complications.

**When is your blood tested?**

- When you first start taking warfarin, you may need to get your blood tested twice each week or as needed to get your INR into a range to protect you against clots. As your results become more consistent and your warfarin dose becomes stable, blood testing is usually every 2-6 weeks. How often your INR is tested will be determined by your provider or Anticoagulation Team.

  It is very important that you get your blood tested on the date and time that you are instructed. If you are unable to make a scheduled appointment, it is your responsibility to call and reschedule. Close monitoring of your INR is necessary to prevent blood clots and bleeding.

- The interval between tests will vary at times depending on your response to therapy and whether any changes have occurred in your health, diet, medications or lifestyle.
What are the side effects of warfarin?

Side effects with warfarin therapy are not common, 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 brushing your teeth. Rarely, some people experience skin rash or loss of hair when taking warfarin. If you are experiencing something abnormal that you feel may be caused by your warfarin, please contact the Anticoagulation Clinic.

When should you take warfarin?

Warfarin is taken just **once each day**. It is important to take your warfarin at approximately the **same time each day**, usually in the evening. Most healthcare providers recommend warfarin be taken in the evening, making it easier to notify you when a change in dose is needed. If you have trouble remembering to take warfarin in the evening, talk to your provider or the Anticoagulation Team.

You may take warfarin with or without food. It should be taken with a full glass of water. It should not upset your stomach. You may also take warfarin at the same time as most other medications. A mediset, daily pill box, and/or dosing calendar can help you keep track of doses.

What should you do if you miss a dose?

Try not to miss doses of warfarin. If you do miss a dose and you remember the same day, you may take your warfarin later than the scheduled time. If it is already the next day, please call your provider or Anticoagulation Clinic Team for further instruction. If you can’t reach your provider or Anticoagulation Clinic, skip the missed dose and continue your normal dose the next day. Do not double your dose to “catch up.” Be sure to mark the missed dose on your calendar and report it at your next provider visit or Anticoagulation Clinic visit.
What are the signs of too much warfarin or a high INR?

**Minor Bleeding that may indicate a problem with the INR**

- Gum bleeding while brushing teeth.
- Occasional nosebleed.
- Easy bruising.
- Prolonged bleeding after minor cuts.
- Prolonged menstrual bleeding.

You might notice any of these symptoms from time to time. If you are unsure whether bleeding is significant, call your provider or Anticoagulation Clinic. It may be necessary to have your INR checked to be sure.

**Major Bleeding**

- Red or dark brown urine.
- Red or black, tarry stool.
- Vomiting or coughing up blood.
- Severe headache or stomachache.
- Frequent nose-bleeds, bleeding gums, or unusual bleeding.
- Unexplained bruising over large areas of the body.
- Any bleeding that is continuous or excessive.

**If you experience any of these signs or symptoms, call your provider or Anticoagulation Clinic, or come to the hospital emergency department immediately.**

What are the symptoms of too little warfarin or a low INR?

**Blood Clotting**

- Sudden weakness in any limb.
- New numbness or tingling
- New visual changes or loss of sight in either eye
- Sudden onset of slurred speech or inability to speak.
- New dizziness or faintness.
- New pain, swelling, redness, or heat in an extremity.
- New shortness of breath or chest pain.

All of the above signs and symptoms can be serious.

**Remember:** Call your provider or Anticoagulation Clinic or go to the emergency room right away if any of them occur!
Does warfarin interact with any other medicines?

Warfarin interacts with many other medications. This includes prescription medications, as well as over-the-counter medicines, herbs, and vitamin supplements. Therefore, it is extremely important that you contact your provider or Anticoagulation Clinic whenever you start or stop any medication, herb, or vitamin. Please check in even if the medication was prescribed by another provider! You may need more frequent INR checks to prevent interaction with warfarin.

There are some medications that you should never take with warfarin because they may also decrease the blood’s ability to form clots and therefore increase your risk of bleeding.

- Never take aspirin without first talking to your provider or Anticoagulation Clinic. If your provider has recommended that you take one aspirin daily, your daily dose should not exceed 81 mg, unless approved by your cardiologist.
- Do not take other products containing aspirin (Excedrin, Alka-Seltzer, Ascription, Bayer, Bufferin, Ecotrin, Empirin, Nyquil, Pepto Bismol).
- Do not take ibuprofen (Advil, Motrin, Nuprin, Medipren, Excedrin IB, Haltran, Midol, Pamprin-IB), naproxen (Aleve, Naprosyn, Anaprox), ketoprofen (Orudis)

If you need a medication for mild pain relief, you can use acetaminophen (Tylenol) unless told not to do so by your provider. Limit your use of acetaminophen to no more than 2 grams per day (6 of the 325 mg tablets or 4 of the 500 mg tablets). Contact the Anticoagulation Clinic if you have to use Tylenol more than three times per week, on a regular basis.

Is it safe to drink alcohol while taking warfarin?

Your provider will help you determine whether it is safe for you to drink alcohol. Alcohol can elevate your INR significantly and increase your risk of bleeding.

Should you limit activities while taking warfarin?

Please check with you provider first before initiating or changing your exercise program. Regular exercise is important for strengthening your muscles and immune system. It is beneficial for your physical and emotional health. Since warfarin increases your risk of bleeding, avoid activities that place you at risk of injury. Talk to your provider or to your Anticoagulation Team or nurse about your current activities and whether you should continue these while taking warfarin. Physical activities that are usually safe, such as walking, jogging, dancing, and gardening, may be continued. It is important to let your provider or Anticoagulation Clinic staff know of any significant changes in activity level as this may also affect your INR. Any activity where there is a risk of contact injury (i.e. football) or head injury (i.e. motorcycle riding) should be avoided.
What if you get sick?

Acute illness will change your body’s response to warfarin. An episode of congestive heart failure, fever, flu, viral/bacterial infection, nausea, vomiting, or diarrhea can cause your INR to go up and increase your risk of bleeding. If you experience any of the above, please contact your provider or Anticoagulation Clinic. Please remember to call before starting an antibiotic.

- Many medications, especially antibiotics and anti-seizure medications can affect the way warfarin works.
- Notify your provider or the Anticoagulation Clinic Team about any changes in your diet, activity level, or medication use. **This includes all herbal products and over-the-counter medicines**
- Tagamet HB (cimetidine), an antacid, can decrease the action of warfarin.
- Call with any questions concerning your warfarin therapy. You may also consult with your pharmacist at any time.

Who should know that you’re taking warfarin? 

It is very important to tell each doctor or health care provider you visit, your dentist, and each pharmacy where you have prescriptions filled that you are taking warfarin. It may affect how they will care for you in certain situations.

What about pregnancy?

You should not take warfarin if you are pregnant. There are other, safer options for anticoagulation in women who are pregnant.

Talk to your doctor, anticoagulation pharmacist or nurse if you are planning on becoming pregnant so that you may be switched to another medication in time to prevent harm to the developing fetus.
Some Important DO’s and DON’Ts

• **DO** wear a MedicAlert bracelet, dog tag or necklace if you are going to be taking warfarin for a long period of time.

• **DO** carry a current list of all medications, vitamins and herbs, including dosages, as well as a brief medical history with you at all times.

• **DO** refill your warfarin before you run out. Try to call at least 2 days in advance.

• **DO** discuss your need for a back-up supply of warfarin with your pharmacist in the event of an emergency.

• **DO** contact your provider or Anticoagulation Clinic.
  - If you have a serious fall or if you hit your head.
  - If you plan to be away from home for an extended period of time (such as a vacation or a long trip)
  - If you go to the dentist or need emergency medical care
  - After all Emergency Room or Urgent Care visits

• **DON’T** assume that everyone already knows what medications you are taking or that what is in the computer record is updated and correct. It is your responsibility to make certain your providers have a correct list of medications each time you seek services.

• **DON’T** take a double dose of warfarin unless instructed to do so. You could increase your risk of bleeding.

• **DON’T** skip doses or stop taking warfarin on your own. You could increase your risk of clotting.

• **DON’T** make any changes in your medications, vitamins or use of herbal products without first discussing the change with your provider or a member of the Anticoagulation Clinic Team.
Important Points to Remember:

- Take your warfarin exactly as directed, at the same time each day.
- Look for signs of bleeding or clotting and report them immediately.
- Call your doctor or Anticoagulation Clinic if you have a fever, flu-like symptoms, vomiting, diarrhea or loss of appetite lasting longer than one day.
- Report any changes in health, diet, medications or lifestyle that were not present when your original warfarin dose was calculated.
- Do not drink alcohol unless cleared by your provider to do so.
- Tell each of your health care providers that you are taking warfarin, carry a wallet card, and obtain an ID bracelet or necklace.
- Keep all appointments or call promptly to reschedule.

We are here to help you.

Please contact us at any time about problems with your warfarin therapy by calling (818) 837-5604 Mon-Fri from 8:30 to 5:30

After Hours (after 5:30 and on weekends) by calling (818) 365-9531.

For information about classes that Facey offers, call toll free (866) 837-5605.