WARFARIN ANTICOAGULANT RECORD

Provided as a service to medicine by Concordia International Rx UK Ltd

HOSPITAL/GP PRACTICE:

Telephone:	

ANTICOAGULANT CLINIC

Telephone:	

Name:	•
Address:	
Telephone: Mobile:	
Other Contacts:	
Date of Birth:	
Hospital No.:	
Next of Kin: Telephone:	

Brand of medication:

Referring Consultant:

Reason for Warfarin:

Expected duration

of Warfarin treatment:

Target INR range:

Date of starting Warfarin:

If you change your brand of Warfarin please inform your GP/Warfarin clinic immediately

Discharge Warfarin Dose (last 5 days):	
Clinician managing anticoagulation:	
Family Doctor:	
Doctor's Address:	
Telephone:	
Day and Times of Clinic.	
Monday:	
Tuesday:	
Wednesday:	
Thursday:	
Thursday:	

KEEP YOUR TABLETS IN A SAFE PLACE WELL OUT OF THE REACH OF CHILDREN

This booklet has been given to you because you have started a new medicine known as an anticoagulant.

A healthcare professional may go through this booklet with you, explain what it all means and answer any questions you may have.

What is Anticoagulant treatment?

Anti means "against" and coagulant refers to "blood clotting".

An anticoagulant medicine prevents harmful clots from forming in your blood vessels by making your blood take longer to clot. This is sometimes referred to as "thinning" your blood. It is also used to stop existing clots from getting bigger and to stop parts of a clot breaking off and travelling to other parts of the body.

The anticoagulant you have been prescribed is called warfarin.

Why do I need Warfarin?

Your Doctor will have prescribed Warfarin for you if you are at risk of developing a harmful clot or if you have an existing clot.

Here is a list of some of those conditions:

- Atrial Fibrillation (Afib/AF) irregular heart beat
- Biological or Mechanical Heart Valve (AVR or MVR)
- Deep Vein Thrombosis (DVT) clot in the leg or arm
- Pulmonary Embolism (PE) clot in the lung
- Myocardial Infarction (MI) heart attack
- Ischaemic Heart Disease (IHD or CAD)
- Cerebrovascular Accident (CVA) stroke

Warfarin is sometimes used for reasons other than those listed. Talk to your Doctor if you are not sure of your diagnosis.

How do I take Warfarin?

Take Warfarin once a day in the evening, at about the same time each day, preferably on an empty stomach washed down with a full glass of water.

Warfarin tablets are colour coded to help you take the correct dose. They are available in 0.5mg (white), 1mg (light brown), 3mg (blue), and 5mg (pink). It is very important that you know exactly what dose you are taking in milligrams (mg) and not just the colour. If you are unsure about the colour and strength of your tablets please ask the staff at the Warfarin Clinic/GP.

0.5 mg = 1 mg = 3 mg = 5 mg = 1 mg

What do I do if I forget to take a dose?

If you miss a dose and remember before midnight, you can still take that dose.

If you forget your dose for a longer time, do not take that dose to catch up, but take your next dose when it is due. Remember to tell your doctor when you see him/her next and have your blood checked.

If you miss more than one dose, ask your doctor for advice.

What do I do if I take too many Warfarin?

If you have taken too many Warfarin tablets by accident it's important that you contact the Warfarin Clinic/GP immediately and have your blood checked.

How will I be monitored while on Warfarin treatment?

You must have a regular blood test called an INR test. The INR test stands for International Normalized Ratio. This test can be done either at the Warfarin Clinic or the GP surgery.

The dose of Warfarin that you will need to take will depend on your INR test result. If your INR result is out of range appropriate for your condition, your dose of Warfarin will need to be increased or decreased accordingly. The Warfarin dose required to achieve the target INR varies for each person. Any changes that are made to your Warfarin dose will be explained to you at the Warfarin Clinic/GP. If you do not understand your new dose please ask staff at the Warfarin Clinic/GP to explain it again.

Are there side effects?

You will bruise easily while you are on Warfarin and bleeding will take longer to stop but it should stop when pressure is applied. It is important that when you have your blood tested that you keep your finger on the band aid for a few minutes after having your blood taken to ensure it stops bleeding.

The most serious side effect of Warfarin is heavy or prolonged bleeding although fortunately this is rare.

If you experience any of the following, seek medical attention and have an urgent INR test:

- Prolonged nose bleeds (more than 10 minutes)
- Blood in vomit
- Blood in sputum
- Blood in stool (red or black faeces)
- Blood in urine (red or dark brown urine)
- Severe or unexplained bruising
- Severe bleeding gums
- Unusual headaches
- Women who experience heavy or increased bleeding during their menstrual period or any other heavy vaginal bleeding.

If you cut yourself, apply firm pressure to the site for at least 5-10 mins using a clean, dry dressing. If the bleeding persists seek medical attention.

What happens if I need to go to the dentist?

You can still go to the dentist as usual but it is important that you tell your dentist that you are taking Warfarin. In the majority of cases your dental treatment can go ahead as normal without stopping or adjusting your Warfarin.

However your dentist will need to see a recent INR result to ensure it is safe to provide treatment. Get in touch with the Warfarin Clinic/GP at least one week before a dental extraction so that an INR test can be performed and your dose adjusted if necessary. Always tell the dentist if you have had a heart valve operation as you may need to have antibiotics before your dental procedure.

Can I take other medications with Warfarin?

Some medications can interact with Warfarin. If, during your course of Warfarin, you are starting or stopping another medication, the prescriber may advise that you should have a blood test within five to seven days of starting the new medication (e.g. Analgesia). If you start an antibiotic it is advisable to have a blood test within three to five days of starting the antibiotic. Please tell the staff at the Warfarin Clinic/GP if you start or stop any new medications, including antibiotics.

Avoid all aspirin based medications and non steroidal antiinflammatory medications unless prescribed by your doctor and please tell whoever is monitoring your Warfarin if you are taking these. Paracetamol may be taken with Warfarin for pain, if necessary, but prolonged use can affect your INR. Please note that some Paracetamol products can contain aspirin. ALWAYS tell your pharmacist that you are on Warfarin.

Please contact your Warfarin Clinic/GP as soon as you have been discharged from hospital.

If you intend to take herbal remedies or supplements (e.g. multivitamins, cod liver oil, omega 3 including herbal teas) discuss with the staff at the Warfarin Clinic/GP/Pharmacist before you start as these can potentially interact with Warfarin.

Are there any dietary restrictions?

For your good health it is important that you try to be consistent with what you eat and drink while you are on warfarin, particularly foods that are high in vitamin K. If you have too much vitamin K in your diet you may see your INR levels go low and your warfarin requirements increase. The following is a list of vitamin K rich foods. **You do not need to avoid these foods** as they are very nutritious but aim for consistency in your intake of these foods.

Very high Vitamin K containing foods

Broccoli, Cabbage, Curley Kale, Brussel Sprouts, Collard Greens, Endive, Dark Green Lettuce, Nettle Leaves, Spinach, Soyabean Oil, Scallions, Spring Onions, Parsley, Seaweed and Turnip Greens.

High Vitamin K containing foods

Asparagus, Liver, Red Leaf Lettuce, Watercress, Canola Oil, Rapeseed Oil, Salad Dressing.

If you enjoy eating the foods listed above it is easier to regulate your warfarin if you have the same quantity daily. If you suddenly increase or decrease your intake of these foods please let the staff at the Warfarin Clinic/GP know.

Potential Interactions

Green tea, soya and soya protein products should only be eaten in moderate, consistent amounts and try to stick to the same brand of these products.

Taking probiotics could in theory increase the production of Vitamin K in your diet and reduce your INR levels. If you would like to take probiotics stick to the same quantity and brand daily and let the staff at the Warfarin Clinic/GP know if you start or stop these.

Avoid grapefruit juice, cranberry juice, mango juice, mangoes and seville oranges as they have been linked to high INR results.

Can I drink alcohol?

Alcohol may make your INR go very high, this can lead to bleeding problems. Before consuming alcohol please consult with your GP who can advise you on what is a safe and moderate amount to consume.

It is dangerous to binge drink while you are on Warfarin.

If you give up alcohol completely for a period of time please tell the Warfarin Clinic/GP as they may need to readjust your Warfarin.

Pregnancy and Breastfeeding:

If you are pregnant or think you may be pregnant before taking Warfarin, you should tell your doctor. Oral anticoagulants in pregnancy carry a potential risk of damaging the unborn child. If you find that your period is over due, and you think you may be pregnant, you must discuss it with the staff at the Warfarin Clinic/GP straight away.

Can I travel while on Warfarin?

If you have had a clot in your leg or your arm please discuss travelling with the Warfarin Clinic/GP. It is advisable to check your INR before going overseas so you can be sure of the correct dose whilst away from home. You may also need to have your INR checked while you are abroad, depending on the length of time you intend to be away.

Remember to take enough Warfarin with you while you are away. It is advisable to take 2 packs, one in your hand luggage and one in your main luggage. Always remember to take your yellow book with you. Do not binge drink on holidays and try to maintain your usual diet.

Can I play sports while taking Warfarin?

Your Doctor may want you to avoid any activity or sport that may result in a serious fall or injury such as contact sports. Discuss this with the Warfarin Clinic/GP.

What should I do if my Warfarin is stopped?

If your Warfarin is stopped by your Consultant please tell the Warfarin Clinic/GP. You should never stop your Warfarin without firstly discussing it with your Consultant/GP/ Warfarin Clinic.

Remember always:

Keep your appointments for your blood to be checked. If you cannot attend, phone the Warfarin Clinic/GP and make another appointment.

Tell the Warfarin Clinic/GP if you are going for any medical/ surgical procedure as you may need to stop your Warfarin beforehand.

Make an appointment to have your blood checked if you have recently been in hospital because your tablets may have been altered or you may have been put on new medication. It is advisable to have it checked within a week of getting home.

Show this book to your GP, Consultant, Dentist, Pharmacist, Nurse or other Healthcare Professionals such as a Chiropodist, Physiotherapist before you receive any treatment or medicine.

Make sure that you have enough Warfarin tablets so you do not run out of them. Always have at least a week's supply of tablets.

"If in doubt check it out"

Your personal INR & Warfarin Records

0.5mg = 1mg = 3mg = 5mg =

DATE	Blood Test	Strength	Of Tablets (in	mgs) to be tal	ken each day				Total weekly	Date of	Authorized
DATE	Result (INR)	Mon.	Tues.	Weds.	Thurs.	Fri.	Sat.	Sun.	Total weekly dosage (mgs)	Next Visit	by

0.5mg = 1mg = 3mg = 5mg =

DATE	Blood Test	Strength	Of Tablets (in	mgs) to be tal	ken each day				Total weekly	Date of	Authorized
DATE	Result (INR)	Mon.	Tues.	Weds.	Thurs.	Fri.	Sat.	Sun.	Total weekly dosage (mgs)	Next Visit	by

0.5mg = 1mg = 3mg = 5mg =

DATE	Blood Test	Strength	Of Tablets (in	mgs) to be tal	ken each day				Total weekly	Date of	Authorized
DATE	Result (INR)	Mon.	Tues.	Weds.	Thurs.	Fri.	Sat.	Sun.	Total weekly dosage (mgs)	Next Visit	by

0.5mg = 1mg = 3mg = 5mg =

DATE	Blood Test	Strength	Of Tablets (in	mgs) to be tal	ken each day				Total weekly	Date of Author	
DATE	Result (INR)	Mon.	Tues.	Weds.	Thurs.	Fri.	Sat.	Sun.	Total weekly dosage (mgs)	Next Visit	by

0.5 mg = 1 mg = 3 mg = 5 mg = 1

DATE	Blood Test Result	Strength	Of Tablets (in	mgs) to be tal	ken each day				Total weekly	Date of Authoriz Next Visit by	
DATE	(INR)	Mon.	Tues.	Weds.	Thurs.	Fri.	Sat.	Sun.	Total weekly dosage (mgs)	Next Visit	by

Other Medications

Name	Strength	Frequency

Other Medications

Name	Strength	Frequency

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