

## Warfarin – Patient Information Leaflet

Dear Patient,

Welcome to the St James's Hospital Anticoagulation Clinic. You have been referred to us as you are taking Warfarin tablets. Warfarin is an anticoagulant (blood thinner) that slows down blood clotting and prevents abnormal blood clots from developing or worsening.

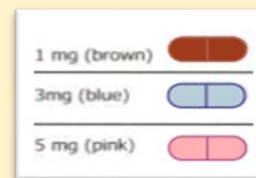
### Warfarin is used for different reasons;

- To treat an abnormal blood clot in the legs or lung; Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE)
- To prevent an abnormal blood clot from developing
- To prevent clots from developing around your mechanical heart valve or in heart conditions such as atrial fibrillation

### Dosage and Monitoring

A blood test called an International Normalised Ratio (INR) is required to ensure your warfarin is working safely and effectively.

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INR measurement is required frequently at the start of therapy and will become less frequent once your warfarin level is stable within the correct range. This range is decided by your doctor. Your warfarin dose may change from time to time depending on your INR.

Warfarin tablets may be available of different brands.

**It is important that all your Warfarin Tablets are of the same brand.**

If you receive a different brand of warfarin tablets, please inform us and we will arrange a earlier INR test for you.

### How should I take Warfarin?

- Warfarin should be taken around the same time every day. It may be taken with food or on an empty stomach. We usually ask patients to take their warfarin between 6-8pm.
- Do not crush or break your Warfarin tablets.
- If you miss a dose, take it if you remember it, later that day.
- If you don't remember it until the next day, do not take a double dose. If in doubt about a missed dose, contact us for advice.
- Always check your tablet colour before leaving your pharmacy and inform them to give you the same brand tablet, not to mix the brands. If your tablets look different than usual, talk to the pharmacist.

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### What are the side effects?

The major side effect of warfarin is bleeding. Warfarin does not make you bleed but can make bleeding worse. It is important to monitor your INR level so it is in the right range for you.

If your INR is above your target you have an increased risk of bleeding and if your INR is below your target, you have an increased risk of developing a clot.

### Minor Bleeding:

**Nose bleed** - If your nose starts bleeding, pinch and hold tightly for 10 minutes without stopping. Hold for a further 10 minutes if the bleeding has not stopped. If bleeding continues, please attend your GP / the Emergency Department and inform us of the event via phone.

**Gum bleeds** – Using a soft toothbrush may help decrease bleeding of the gums.

### If major bleeding, attend A&E.

#### Signs of major bleeding can include:

- Red, dark or coffee-coloured urine
- Red or black bowel movements
- Coughing or vomiting bright red blood or “coffee grounds”
- A cut that continues to bleed after 10 minutes of pressure
- A serious fall or trauma to the head
- A severe headache with nausea or vomiting

### Pregnancy and Lactation

If you become pregnant, or plan to become pregnant while taking warfarin, please contact us urgently for advice as you will need to change to a different medication. It is safe to breastfeed your baby when you are on warfarin.

### What can influence the effect of warfarin therapy?

#### Remember “DIME”

**Diet changes** - green vegetables can affect your INR - but don't stop eating them! Just be consistent with the quantity you consume every week.

Foods which can influence the effect of warfarin include cabbage, lettuce, asparagus, broccoli, brussel sprouts, avocado, spinach peas, kale, garlic, watercress, beetroot, cranberry juice and green tea. There are many others.

**Alcohol** - one or two alcoholic drinks a day is ok, **but do not binge drink.**

**Illness** - if you get sick with a cold, flu, nausea, vomiting, diarrhoea, or any other illness, it may affect your INR. Call your doctor if you have stomach problems, vomiting or diarrhea for more than one day as this could affect your INR

**Medications** - Any change in medications, including dose changes may affect your INR. This includes prescription medicines, non-prescription medicines including vitamins, topical agents, antibiotics and herbal products. Be sure that you inform your healthcare provider if you are taking warfarin. If you have any medication changes, including dose changes or starting antibiotics, check your INR within 3 days.

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Medication containing aspirin or NSAIDs may be increase the risk of bleeding if you are on warfarin.

If you need over-the-counter pain relief, please discuss with your doctor or pharmacist.

**Error (missed dose)** - If you miss a dose it may affect your INR. If you miss a dose, take the missed dose as soon as you remember. Do NOT take a double dose the next day to make up for the missed dose.

Always keep a record of your INR and warfarin. Include the date, warfarin dose, and any changes in DIME.

### Attending a Procedure/Surgery?

Contact us as soon as you are informed of a surgery/procedure planned for you. This is because your Warfarin therapy may need to be modified or stopped to facilitate safe surgery or procedures. Contact the Anticoagulation Nurse for advice.

### Are you travelling?

Please contact the anticoagulation clinic for advice as soon as you plan to travel so that the anticoagulation clinic can provide you with advice and a travel letter. When you travel;

- Carry your last 3 dosing letters and your Alert Card when you travel.
- Ensure that you have a sufficient dose of anticoagulants in your hand-luggage to avoid missing your warfarin therapy.

**Please Note:** When away from Ireland, the warfarin clinic will only advise you on your warfarin therapy for 3 to 4 weeks if your INR level is within the desired range.

Please let us know as soon as you are back in Ireland so that we can arrange appointment for you as appropriate.

Aspirin or medicines similar to aspirin may be harmful when taking warfarin, as they can increase the risk of bleeding. Also, know where is the nearest hospital should the need arise.

When back in Ireland, inform the warfarin clinic so that an appointment can be made for you.

### Hospital Admission and Discharge?

Please inform us as soon as you are admitted to any healthcare facility and discharged from a healthcare facility. At the time of your discharge, your doctor needs to refer back your care to our service.

Once we receive the referral, the anticoagulation nursing team will contact you directly to organise your future appointments. Only attend the clinic if the appointment is issued by a member of staff in the anticoagulation service. When in doubt please contact us and we will advise.

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### Points to remember:

- Take your warfarin around the same time every day as advised
- Attend clinic at your appointment only and continue your blood testing (INR) as advised
- Bring a list of most up-to-date medications when you attend the clinic
- Inform us if major changes in **Diet**, **Illness**, **Medications**, or **Error** (missed doses)
- Contact us immediately if you become pregnant while taking warfarin.
- If you are out of Ireland for more than 4 weeks, you must organise local INR testing and dosing with a local GP.
- Continue healthy exercise - but be safe in doing so!
- Inform us of change in contact details for yourself and next of kin as needed.

- If the brand of your warfarin tablets is not the same, please inform us as we need to recheck your INR.
- The anticoagulation clinic is happy to assist your doctor if they require any information regarding your anticoagulation therapy.
- Your feedback is important to use and you are very welcome to leave feedback via comment cards available in the waiting areas or through the hospital website.

### Alcohol

Do not exceed the recommended upper limit of 2 standard drinks per day.

### 1 standard drink

= 1 glass or half pint of beer, lager or stout

= 1 small glass of wine

= 1 single measure of spirits,

e.g. whiskey or vodka or gin.

### If you do not attend (DNA) the Warfarin Clinic:

- ✓ 1<sup>st</sup> time – You will receive another appointment at the clinic via post.
- ✓ 2<sup>nd</sup> time – The nurse will contact you and a final notice letter with one last appointment will be sent.
- ✓ **If you fail to attend this final appointment, your care will be transferred back to your GP.**

### Notes:

BROWN	BLUE	PINK
1mg	3mg	5mg