

Warfarin – Patient Information Leaflet

BROWN	BLUE	PINK
1mg	3mg	5mg

For further information on this drug, visit www.hpra.ie and search 'warfarin'.

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 a blood clot in the legs [known as Deep Vein Thrombosis (DVT)] or lung [known as Pulmonary Embolism (PE)];
- To prevent clots from developing around your mechanical heart valve;
- To prevent clots if you have a heart condition 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. 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 are available under different brand names

Different tablet colors mean different strengths – see table below. 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 an earlier INR test for you within 1-2 weeks.

How should I take Warfarin?

Warfarin should be taken around the same time every day. We usually ask patients to take their warfarin between 6–8 pm. It may be taken with food or on an empty stomach.

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.

What are the side effects?

The most serious side effect is bleeding. If you experience any of the following, seek immediate medical attention and have an urgent INR test:

- prolonged nose bleeds (more than 10 mins)
- prolonged bleeding from cuts
- blood in sputum
- bleeding gums
- blood in vomit
- passing blood (red or dark brown) in urine
- passing black or red stools
- severe or spontaneous bruising
- unusual headaches

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- for women; heavy or increased bleeding during your period or any other vaginal bleeding.

If you cut yourself, apply firm pressure to the site for at least 5 minutes using a clean, dry dressing. Seek immediate attention if you suffer major trauma, or a blow to the head, or are unable to stop bleeding. Inform your doctor or dentist that you are taking warfarin. Consider using a soft toothbrush to protect gums and an electric or battery razor if shaving to minimise risk of bleeding.

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.

“DIME” can influence the effects of warfarin therapy? What is “DIME”?

Diet – 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.

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, check your INR within 3-5 days. This includes

prescription medicines, non-prescription medicines, over-the-counter medicines, vitamins, topical agents, antibiotics, and herbal products.

Be sure that you inform any healthcare providers you interact with (e.g., doctors, dentists, pharmacists) that you are taking warfarin

Aspirin or medicines similar to aspirin may be harmful when taking warfarin, as they can increase the risk of bleeding.

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, any issue relating to the ‘DIME’ factors described above.

Alcohol

Do not exceed the recommended upper limit of 2 standard drinks per day. 1 standard drink is:

- 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

Having a Procedure/Surgery?

Contact us as soon as you are informed of a surgery/procedure planned for you as your warfarin therapy may need modification or stopped to facilitate safe surgery or procedures. Contact the us for advice.

Are you traveling?

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Please contact the anticoagulation clinic for advice as soon as you plan to travel so that you can be provided with advice and a travel letter. If you are out of Ireland for more than 4 weeks, you must organise INR testing and dosing with a local GP.

Also, know where the nearest hospital is should the need arise. When back in Ireland, inform the warfarin clinic so that an appointment can be made for you.

When you travel:

- Carry your last 3 dosing letters and your Alert Card.
- If flying, pack your warfarin and any other medications in your hand luggage.

Please Note:

When away from Ireland, the warfarin clinic will only advise you on your warfarin therapy for 3 to 4 weeks and only if your INR level is within the desired range. For Vitamin K and low molecular weight heparin (LMWH), you will have to attend a doctor locally.

Contact us as soon as you are back in Ireland so that an appointment can be arranged for you as appropriate.

The anticoagulation clinic is happy to assist your doctor if they require any information regarding your warfarin therapy.

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 your care back 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 the anticoagulation service. When in doubt please contact us and we will advise.

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

- 1st time – You will receive another appointment at the clinic via post.
- 2nd 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.

Points to Remember:

- General advice is to take your warfarin around 6 – 8 pm every day
- 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 or think you might be pregnant while taking warfarin.

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- 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 the change in contact details for yourself and next of kin as needed.
- Your feedback is important to us and you are very welcome to leave feedback via comment cards available in the waiting areas or through the hospital website.

Notes:

This image shows a blank sheet of white paper with horizontal blue or grey ruling lines. A large, light-grey watermark consisting of the letters 'B' and 'R' is oriented diagonally from the bottom-left towards the top-right, covering the right half of the page. The watermark is semi-transparent, allowing the lines underneath to be visible.

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