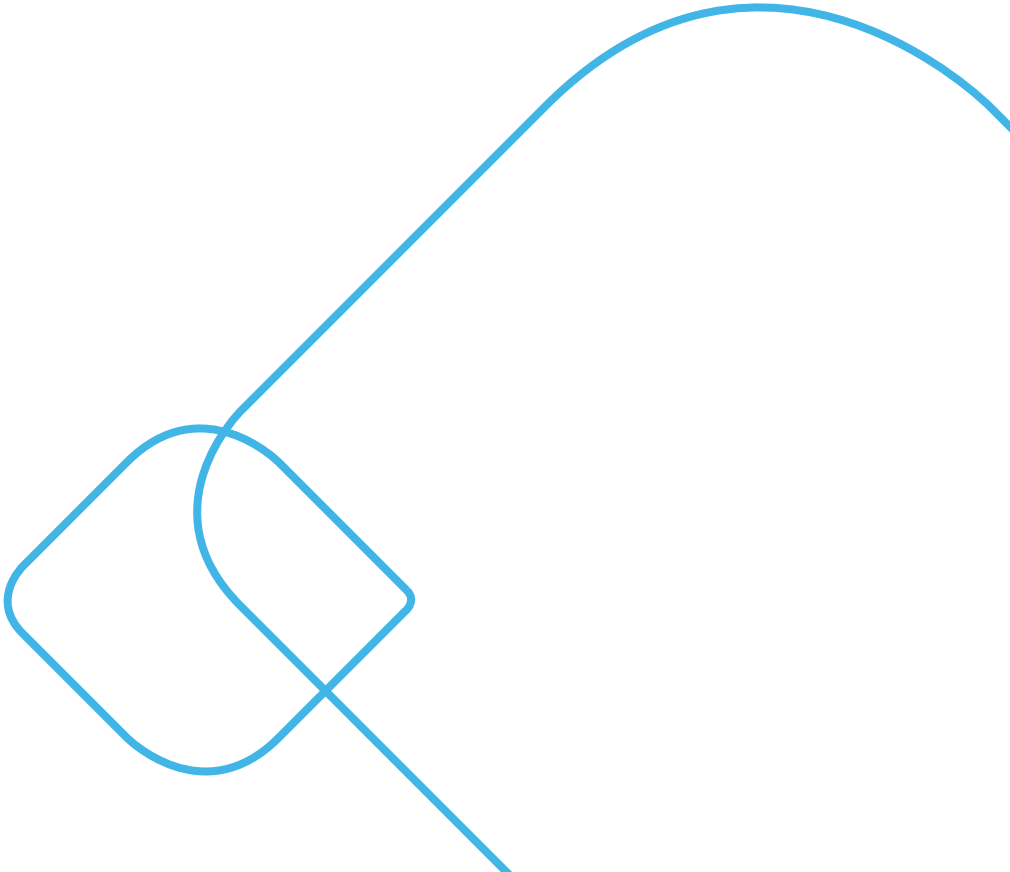
Royal United Hospitals Bath
NHS Foundation Trust

Warfarin



Introduction

You have been given this factsheet because you have been prescribed warfarin. Warfarin is a type of medicine known as an anticoagulant.

Warfarin is used to treat the following conditions:

- a blood clot in the arms or legs (deep vein thrombosis or DVT)
- a blood clot in the lungs (pulmonary embolism or PE)

Other conditions where you may be given warfarin:

- an abnormal heartbeat (atrial fibrillation or AF)
- a mechanical heart valve
- blood clotting disorders
- a higher chance of having a blood clot after an operation

How does warfarin work?

Warfarin slows down the clotting process and is used either to prevent blood clots forming or to treat them once they have formed. It stops existing clots getting bigger and stops part of an existing clot from breaking off and travelling to other parts of the body.

How long will I need to take it for?

This will vary depending on the condition you are being treated for. It can range from a short period of time to a matter of months, and some patients may need to take it for life. This will be discussed with you by your hospital doctor, your GP or at the anticoagulation clinic.

Dosage and monitoring

Your warfarin dose may vary, especially in the first few weeks of treatment, until your doctor or nurse finds the dose that's right for you.

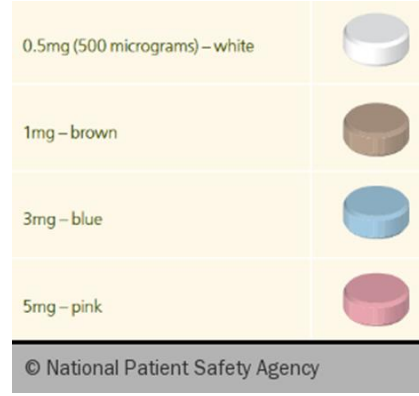
Warfarin tablets come in different strengths/colours:

White tablets 0.5mg

Brown tablets 1mg

Blue tablets 3mg

Pink tablets 5mg



Your dose will depend on the results of a blood test to obtain your INR reading. (INR stands for international normalised ratio). The INR is found using the results of the prothrombin time (PT) test. This measures the time it takes for your blood to clot. The INR is an international standard for the PT. This reading may vary but will be kept within a certain range depending on the condition you are being treated for. This is called the 'therapeutic range'. A general therapeutic range for a patient on warfarin is 2.0-3.0.

If you are not taking oral anticoagulants your INR would be expected to measure between 1.0 and 1.2. Initially blood tests will need to be taken regularly, sometimes twice a week. As the INR reading stabilises, the frequency of the tests will decrease. You will still need to have your INR checked at regular intervals though.

The amount of warfarin you are prescribed will vary according to your INR, how well you are, and the medication you are taking at the time. It is important to keep a regular check on INR levels to ensure that the blood is clotting at a safe and effective level.

When to take your warfarin

Try to take your warfarin at the same time every day. We recommend between 6pm and 8pm with an evening meal.

If you forget a dose, you can take it within five hours of your usual time. Do not take it the next morning or double your dose the next day. Continue with your usual dose the following day.

We find it better for patients to take warfarin in the evening because if there has had to be a change to your dose at your appointment – it can be implemented that day.

Side effects

The most common side effects of warfarin are bleeding and bruising. This may mean your INR is too high. You should contact your GP or the anticoagulation clinic if you experience any excessive bleeding, so that your INR can be checked or the cause of the bleeding investigated.

Signs of bleeding include:

- Unexplained or severe bruising
- Prolonged bleeding from small cuts
- Nosebleeds lasting for more than 20 minutes
- Excessive bleeding from gums
- Blood in your urine
- Red or black stools (poo)
- Unusually heavy periods or bleeding between periods
- Vomiting blood
- Blood shot eye

Occasionally some patients experience nausea, diarrhoea, rash, or hair loss. If any of these symptoms occur, please report them to your GP or the anticoagulation clinic.

Other medications

It is important to continue taking all medicines prescribed for you. Some medicines can interact with warfarin and either increase or decrease the INR. You should inform the anticoagulation clinic if you are prescribed new drugs or have stopped taking any medicines. Antibiotics in particular can affect the INR so please inform the anticoagulation clinic as soon as possible. They can then decide whether you need to attend earlier than planned for a blood test.

Always check with a pharmacist before buying over-the-counter drugs including cough mixtures or flu remedies, aspirin and non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen and Nurofen, as they may increase the risk of bleeding.

The occasional use of paracetamol is acceptable. However, prolonged or regular use can cause the INR to rise. If pain control continues to be a problem your GP will prescribe a codeine based painkiller.

Some herbal remedies and vitamins can affect the INR so you should seek advice from a pharmacist before buying them. Please inform the anticoagulation clinic if you start taking any of these.

If you are unwell

Prolonged bouts of diarrhoea and vomiting (being sick) may affect the way your body absorbs warfarin. This will mean your INR level will alter. Please inform the anticoagulation clinic or GP as soon as possible so arrangements can be made to have your INR tested.

Viral infections and fevers can also alter your INR and should be reported to your clinic or GP.

Diet

It is recommended that you eat a regular, healthy, well-balanced diet. Dramatic changes in eating habits such as crash dieting can have an effect on INR. Excessive amounts of dark green vegetables rich in vitamin K such as broccoli, cabbage, spinach and Brussels sprouts can counteract the effect of warfarin. Therefore try to have a consistent amount each week (you do not need to avoid them completely).

Alcohol

Too much alcohol or variations in your alcohol intake will usually increase the INR. It is usually safe to drink 1–2 units a day on a regular basis. Binge drinking or a sudden increase or decrease in the amount of alcohol will alter the INR.

Exercise

Exercise such as walking, swimming and jogging are fine.

Contact sports or activities in which injury is likely to occur should be avoided. Receiving a blow to the head can put you at risk of having a brain haemorrhage (bleeding in the brain). If this happens you should seek medical advice as soon as possible.

Travel

It is recommended that you have your INR checked at least a week before any travel abroad, so that you can be reassured that you are on the correct dose of warfarin whilst away. It is suggested that you pack some warfarin in your hand luggage as well as your main luggage in case either goes missing. If away for a long period of time you may need to arrange to have your INR checked on holiday.

Medical and dental treatment

If you require treatment from a doctor or a dentist it is important that they know in advance that you are taking warfarin, as there are some instances in which it may need to be stopped. Please discuss this with your anticoagulation clinic or GP. You will be advised when to take your last dose of warfarin and whether you need any other treatment. They will also advise you when to restart warfarin and when to have your INR checked.

Tips

- Always carry your warfarin dosing advice with you.
- Remember to tell a doctor or dentist that you are taking warfarin before any treatment.
- Do not stop taking warfarin unless advised to do so by your anticoagulation clinic or your GP.
- Any concerns with prolonged or serious bleeding should/must be reviewed by your anticoagulation clinic, GP or the emergency department if out-of-hours.
- Warfarin should be stored in a dry, safe place out of the reach of children.
- Remember to try and take your warfarin at the same time every day. We recommend between 6pm and 8pm with an evening meal. If you forget a dose you can take it within five hours of your usual time.
- Never take a double dose.
- Swallow your tablets whole, do not crush or chew them

Useful links

NHS website - www.nhs.uk/medicines/warfarin

Our RUH site www.ruh.nhs.uk/Thrombosis or scan this QR code below.

Thrombosis and Anticoagulation Team
Malvern House
Royal United Hospitals Bath NHS Foundation Trust
Combe Park, Bath, BA1 3NG
01225 825812 | ruh-tr.AnticoagulationTeam@nhs.net

If you would like this leaflet in email form, large print, braille or another language, please contact the Patient Support and Complaints team on 01225 825656.

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