



Government of **Western Australia**
Department of **Health**

Living with warfarin

Information for patients



Produced and made available by the Western Australian Medication Safety Collaborative,
Patient Safety and Clinical Quality Directorate © WA Department of Health 2021

Disclaimer: The information contained in this brochure has been produced as a guide only. It is not intended to be comprehensive and does not take the place of professional medical advice from your doctor, nurse practitioner or pharmacist.

For more information on the Patient Safety and Clinical Quality Directorate or this booklet go to www.health.wa.gov.au

This booklet has undergone consumer review facilitated by the Health Consumers' Council (WA)

About warfarin

Warfarin is a type of medicine known as an anticoagulant. It helps to lower the risk of blood clots forming. Blood clots can cause serious health problems when they block blood vessels in the brain, lungs or legs.

Why have you been prescribed warfarin?

Warfarin may be prescribed for you for one of the following reasons:

Prevention of stroke in patients with atrial fibrillation (AF)

AF is an irregular heartbeat which can increase the risk of blood clots forming in the heart. A blood clot may then travel to the brain or other parts of the body. This may lead to serious health problems such as stroke. Warfarin lowers your chance of having a stroke by helping to prevent blood clots forming.

or

Prevention of blood clots in patients who have had recent hip or knee replacement

Blood clots may occur in people who are not physically mobile. People who have had a hip or knee replacement may need warfarin to prevent blood clots until they are able to move around.

or

Treatment of deep vein thrombosis (DVT) and prevention of recurrent DVT

DVT is a blood clot in one of the deep veins in your body, usually in your leg. Continuing treatment in people with a history of blood clots may be required to prevent further blood clots.

or

Treatment of pulmonary embolism (PE) and prevention of recurrent PE

PE is a blockage in blood flow when a blood clot from a vein breaks off and travels to the lungs. Continuing treatment in people with a history of blood clots may be required to prevent further blood clots.

or

Prevention of heart attack, stroke and death in patients with coronary artery disease (CAD) and/or peripheral artery disease (PAD) or patients who have replacement heart valves

CAD causes poor blood flow in the blood vessels of the heart. Peripheral artery disease causes poor blood flow in the arms and/or legs. In people with CAD or PAD or who have replacement heart valves, warfarin lowers the chance of a blood clots, heart attack, stroke or death.

If your condition is not on this list or you are not sure, ask your clinician (doctor or nurse practitioner) why you need warfarin.

If you do not take enough warfarin you are at risk of blood clots, but if you take too much you are at risk of uncontrolled or serious bleeding.

Taking warfarin safely at home

If you take warfarin, it is important that you use it safely and correctly.

It is important for you to know:

- why you are taking warfarin
- how long you need to take it for
- which brand of warfarin you are taking
- how to take the correct prescribed dose using the different tablet strengths
- your dose of warfarin is the right dose for you as determined by your clinician. Warfarin doses are different for different people.
- what your target INR level is
- how you can help keep your INR in the target range
- when to get your blood tests
- signs and symptoms of bleeding to watch for
- what to do if bleeding occurs
- when you need to consult with your clinician, for example if you become ill or before starting new medicines.

If you have any questions about warfarin talk to your doctor, nurse or pharmacist.

Important points about all your medicines

- Don't stop taking your medicines or change the dose unless you are told to by your clinician.
- Your medicines are prescribed for you only. Don't share your medicines with anyone else.
- Store all medicines out of reach of children.
- Keep all medicines securely in one place, away from light, heat and moisture.
- Keep medicines in their original packaging (with all the labels and instructions).
- Ask your pharmacist for help with containers and dose administration aids.
- Check the expiry date of your medicines often.
- Do not take out-of-date medicines. Return expired medicines to a pharmacist for safe disposal.
- Keep an up-to-date list of all your medicines.

This booklet is yours to keep and refer to in the future. Feel free to make notes on the pages.

Warfarin tablets and colours

There are two brands of warfarin available called Marevan® and Coumadin®. They come in different tablet strengths and colours. You may need to take more than one strength of tablet, depending on the result of your blood test. There are several ways you can make up your dose of warfarin using these tablets. The tablets are different colours to make it easier for you to take the right dose.

Always use the same brand of warfarin unless your clinician specifically tells you to change. You should not switch between brands as they are not the same.

Check your tablets when you collect your prescription to make sure you have the correct brand and strength; especially when you have your prescription filled outside of Western Australia or from a new pharmacy.

MAREVAN brand warfarin tablets:



1 mg tablet (brown)



3 mg tablet (blue)



5 mg tablet (pink)

COUMADIN brand warfarin tablets:



1 mg tablet (light tan)



2 mg tablet (lavender)



5 mg tablet (green)

How should I take warfarin?

Your warfarin dose changes based on your blood test results.

What dose of warfarin do I need?

The aim of treatment with warfarin is to thin your blood but not stop it clotting completely. Getting this balance right means your dose of warfarin must be carefully monitored and changed if necessary.

You will need to have a regular blood test called the international normalised ratio (INR). It measures how long it takes your blood to clot. The longer your blood takes to clot, the higher the INR.

Most people taking warfarin aim to have an INR between 2 and 3. This means their blood takes 2 to 3 times longer to clot than normal. **The target INR can vary depending on the condition – make sure you know your target INR.** You can record this on your warfarin treatment card at the back of this booklet.

You will start with one dose, then changes will be made based on your INR blood test result until you reach your required (target) INR.

Take your warfarin exactly as prescribed.

Take warfarin once each day – in the evening is recommended.

Take your warfarin dose exactly as prescribed by your clinician, at about the same time each day. Always check the label and the tablet colour so you have the right brand and tablet strength before taking your warfarin.

If you are unsure of the dose or which strength and colour tablets to take, ask your doctor, nurse or pharmacist.

Warfarin can be taken before, with or after a meal. The time you take warfarin needs to fit into your daily routine. Taking your dose with your evening meal is recommended. If an evening dose doesn't suit you, talk to your clinician.

If you accidentally take too much warfarin, contact your clinician.

When does warfarin start working?

It usually takes 5 to 6 days to reach the target INR. During this time you may be given injections of another anticoagulant that works immediately. These injections will stop when your target INR is reached. If you need these injections, make sure you know:

- what time to give yourself the injection
- how to give yourself the injection, or know who is going to give the injection
- how many doses you may need.

How long do I need to take warfarin for?

Do not stop taking your warfarin unless advised by your prescribing clinician.

The length of time warfarin therapy is needed depends on the condition being treated and your individual risk factors. Your clinician will tell you when to stop taking warfarin and when you should see them in the future. This could be your specialist, GP or nurse practitioner.

After stopping warfarin your blood clotting will return to normal in a few days.

It is very important that you do not stop taking your warfarin unless advised by your prescribing clinician.

Missed doses

You should never skip a dose or take a double dose of warfarin. Make sure you always have enough tablets.

It is very important to take your warfarin at the same time every day. To help you remember, mark off your dose in your diary, calendar or warfarin treatment card after you take it. Special dose administration aids like dosette boxes can help. Ask your pharmacist about dose administration aids.

What to do if I forget to take a dose?

If you forget or miss a dose:

- If it is less than four hours since you missed your warfarin dose, then you should take your usual dose at once. If you take your warfarin with your evening meal and miss a dose, the missed dose can be taken any time before you go to sleep.
- If it is more than four hours since the missed dose (for example the next day), then don't take the missed dose. Take the next dose instead at the usual time. Make a note that you have missed that dose and tell your clinician at the time of your next blood test as this may affect your INR result.

Do not take two doses at once. **Doubling up the dose is dangerous.**

What if I miss more than one dose?

If you miss your warfarin for more than one day, talk to your clinician for more advice.

Make sure you plan ahead

- If you run out of tablets and cannot reach your usual clinician, visit the nearest medical centre or hospital.
- If you are travelling within Australia or overseas, ensure you have an adequate supply of your medicine for the duration of your trip. You may require a letter from your doctor.
- Check with your clinician about when to take your warfarin if you are changing time zones.

Monitoring your warfarin treatment

Regular blood tests are needed to monitor the effect of warfarin. After each test, the clinician will tell you what dose to take each day and when your next blood test is due.

How often do I need blood tests?

Initially, you will need a blood test daily or every second day until the right dose for you is established. It takes about 1 week to establish the correct dose for most people. Once this happens a blood test is usually only needed every few weeks. The frequency of tests is different for everybody.

After a blood test your dose of warfarin may be changed to keep the INR within the target range for your condition. Your chances of bleeding increases as your INR rises. Keeping your INR within your target range will reduce this risk.

It is best to get your blood test in the morning, as the result may be available the same day and you can alter your warfarin dose if necessary when your next dose is due. You should also ask for the date of your next blood test.

Write down the dose and test results for your records. Most patients keep a record on a card or in a special booklet, or use a mobile phone App. A warfarin treatment card is provided at the back of this booklet.

Illness

Illness may change the effect of warfarin.

Contact your clinician if you experience:

- vomiting or diarrhoea
- fever or infection
- loss of appetite
- jaundice
- any other illness.

When you are unwell, you may require more frequent blood tests and monitoring.

Warfarin and other medicines

Warfarin is affected by many other medicines. You need to talk to your clinician or pharmacist before making any changes to your medicines.

How do other medicines affect warfarin?

Changes to your medicines can alter your INR and therefore affect the dose of warfarin you need. Changes may include starting a new medicine, stopping a medicine or changing the dose of a medicine. You may need to have extra blood tests if this happens.

All types of medicines can affect (interact with) warfarin including:

- prescription medicines
- over-the-counter (OTC) pharmacy medicines
- medicines purchased from the supermarket
- vitamins, minerals, herbal and dietary supplements.

What should I do before changing doses or starting new medicines?

To minimise the risk of complications with warfarin, let your doctor, nurse or pharmacist know:

- if your regular medicines change
- before starting any new medicines
- before taking vitamins, minerals, herbal or natural therapies, including Chinese medicines or OTC pharmacy medicines.

If you visit a different clinician make sure you tell them you are taking warfarin.

Examples of important medicine interactions

Tell your doctor, nurse or pharmacist if you are taking any of the following:

Medicine type	Examples (for brand names ask your pharmacist)
Other medicines to prevent blood clots	enoxaparin, dalteparin, clopidogrel, ticagrelor, prasugrel, aspirin, apixaban, dabigatran, rivaroxaban
Some pain relief or anti-inflammatory medicines	aspirin, ibuprofen, naproxen, diclofenac, meloxicam, celecoxib
Some vitamins	vitamin C, vitamin E, vitamin K
Some herbal/or complementary medicines	garlic supplements, ginger supplements, ginseng, Ginkgo Biloba, green tea, glucosamine, St John's Wort, fish oil, flaxseed oil, krill oil, cranberry supplements, super greens supplements

Medicine type	Examples (for brand names ask your pharmacist)
Some antibiotics and antifungals	doxycycline, metronidazole, flucloxacillin, rifampicin, ciprofloxacin, clarithromycin, azithromycin, trimethoprim+sulfamethoxazole, fluconazole
Some medicines for atrial fibrillation	amiodarone
Medicines for epilepsy	carbamazepine, phenytoin

There are many more medicines that can affect warfarin that are not listed here. It is important that your doctor, nurse and pharmacist know which medicines you are taking.

Can I take aspirin?

If you are currently taking low dose aspirin (e.g. Cartia[®], Cardiprin[®], Spren[®] and Astrix[®]), check with your clinician if you need to continue taking it with your warfarin. There may be instances where you may still be required to take low dose aspirin whilst taking warfarin. Be sure to check with your clinician.

Using aspirin or ibuprofen as a treatment for pains and fevers should be avoided while taking warfarin.

It is safer to use paracetamol (for example Panadol[®] or Panamax[®]) for short-term pain relief or fever. Check with your clinician if you need treatment for long-term pain.

Food and drink

Maintain a regular balanced diet.

Some foods interact with warfarin and affect your treatment and dose.

It is very important to keep your diet stable. Big changes in what you eat and drink can affect how your body responds to warfarin.

Speak to your clinician before changing what you eat for example, before you go on a weight reducing diet.

Foods high in vitamin K are the most important to be aware of because the body uses vitamin K to help clotting. Foods containing a lot of vitamin K can interfere with how warfarin works. It is important that you eat foods containing vitamin K, so rather than leaving them out of your diet, make sure you eat similar amounts of them regularly.

This will mean that the level of vitamin K in your blood stays fairly constant and makes it more likely that your INR level stays stable.

Vitamin K is not the same as potassium (which can be called K or K+ in foods and vitamins).

Which foods are high in vitamin K?

Foods high in vitamin K include:

- green leafy vegetables, including broccoli, spinach, kale, cabbage and lettuce
- avocado
- olive oil
- chickpeas
- liver
- egg yolks
- wholegrain cereals
- mature cheeses.

Don't avoid foods high in vitamin K as you need it for a healthy diet.

Aim for a healthy stable diet with:

- lots of different types of food
- roughly the same amount of dark leafy green vegetables and other food high in vitamin K per week.

What happens if I change my diet?

You may need more frequent blood tests if you make any big changes to your diet. Consult your clinician before you make any major dietary changes, or if your diet has changed.

Avoid drinking large amounts of cranberry juice, grapefruit juice or pomegranate juice as these may increase the effects of warfarin.

Alcohol

Alcohol can affect the way warfarin works. Avoid heavy or binge drinking while taking warfarin. Talk with your clinician about how much alcohol you can drink.

Bleeding and what to do if you have a bleed

Bleeding is the most common side effect of warfarin. You can reduce your risk of serious bleeds by keeping your INR in target range and by taking extra care and avoiding activities that can cause injuries.

Warfarin is very good at preventing serious clotting conditions, but it can make you bleed more than usual.

You can reduce your risk of bleeding by keeping your INR within the target range.

Bleeding problems are more likely in the first few weeks of taking warfarin and during times of illness for example if you have flu, are vomiting or have diarrhoea.

Apart from risk of bleeding, warfarin is a very safe medicine and can be taken for a long time.

It is important that you:

- know what to do if bleeding starts
- tell your clinician or dentist well before any planned procedure or surgery
- avoid activities and sport that may cause serious injuries
- seek medical attention for serious bleeding and always tell your clinician that you are taking warfarin.

Contact your doctor immediately if you have any signs or symptoms of significant bleeding. If the bleeding is severe, go to the nearest emergency department immediately.

Signs and symptoms to watch for

Occasionally you can have a serious bleed from taking warfarin. This can be dangerous and needs urgent medical attention. Even if there are not visible signs of injury, tell your clinician or go to the emergency department if you have any falls, knocks to the head or body or other major injuries.

Some common signs and symptoms of unusual bleeding include:

- unexpected bleeding or bleeding that lasts a long time (this includes nose bleeds, bleeding from your gums, bleeding from cuts and scrapes, and/or menstrual periods)
- severe unexplained bruising or bruising that gets bigger
- red or dark urine
- red or black bowel motions
- coughing blood
- dark or blood-stained vomit
- severe headache or dizziness
- unexplained new pain, swelling or discomfort.

What should I do?

You should contact your clinician right away if you have any signs or symptoms of unusual bleeding. If the bleeding is severe, then go to the nearest emergency department immediately.

What will my clinician do?

Depending on your symptoms your clinician may do one or more of the following:

- order a blood test
- reduce the dose of warfarin
- stop your warfarin for a few days
- give a vitamin K injection to slow down the bleeding.

Avoiding injuries

While taking warfarin you need to be careful when you do activities that might cause an injury, cuts or bruising.

What can I do?

To minimise your risk of injury which may cause bleeding:

- avoid activities such as contact sports (football, rugby, boxing)
- take care to prevent falls
- wear gloves when you use sharp instruments like knives and gardening tools
- consider using an electric razor instead of a blade
- take false teeth out for a few hours a day to let your gums rest and do not wear dentures or retainers if they do not fit properly
- tell your doctor, dentist or nurse that you take warfarin ahead of having any medical or dental procedures or surgery – that includes vaccinations and routine appointments with the dental hygienist.

Surgical, medical and dental procedures

Tell your doctor or dentist about warfarin before any surgical, medical or dental procedures.

Bleeding from surgical, medical or dental procedures may be increased with warfarin. For some procedures you may need to stop your warfarin temporarily.

Tell your doctor or dentist that you take warfarin well before any planned procedure including operations in hospital, minor procedures at the doctor's surgery and dental procedures. Your warfarin therapy will be considered in the planning of your operation or procedure.

Do not stop taking warfarin unless told by your clinician.

Tell other health professionals such as your podiatrist, physiotherapist or chiropractor that you are taking warfarin.

Pregnancy and breastfeeding

If you plan to become pregnant or think you are pregnant, talk to your doctor.

Pregnancy

Warfarin use in the first three months of pregnancy may cause abnormalities in the baby known as fetal warfarin syndrome. Later in pregnancy, exposure to warfarin can increase bleeding risk in the baby.

Talk to your clinician about birth control options before starting warfarin.

If you plan to become pregnant or think you are pregnant, talk to your clinician about changing to a different anticoagulant.

For some women, particularly those with mechanical heart valves, continued treatment with warfarin may be considered the safer option overall.

Breastfeeding

Very low milk levels of warfarin are detected in breastmilk. No problems have been observed in infants whose mothers were treated with warfarin. Warfarin is considered safe to use with breastfeeding.

For emergencies

Carry identification with you that states you take warfarin.

If you have an accident or become very ill, ambulance and hospital staff need to know that you take warfarin. It is important that you carry identification that mentions warfarin. This might be a warfarin treatment card or Medical ID tag (e.g. MedicAlert®). It is also a good idea to carry an up-to-date list of all your medicines.

Patients on long-term warfarin should consider joining MedicAlert® and reviewing their My Health Record.

MedicAlert®

Joining MedicAlert® involves providing personal details and medical history including warfarin therapy. This information can then be accessed by medical and emergency workers during emergencies. You can find out more information about MedicAlert® from www.medicalert.org.au

My Health Record

My Health Record is a secure online summary of your health information. Your record allows you and your healthcare providers to view and share your health information to provide you with the best possible care. For more information visit www.myhealthrecord.gov.au

Storage

Keep your tablets in the original packaging until it is time to take them.

Keep your medicines in a cool dry place where the temperature stays below 30°C. Do not store your medicines in the bathroom or near a sink. Do not leave them on a window sill or in the car.

Store all medicines out of reach of children.

Name	
Address	
Telephone	
Warfarin commenced on	
Indication	Usual brand
INR range	
Duration of treatment	

Name	
Address	
Telephone	
Warfarin commenced on	
Indication	Usual brand
INR range	
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Warfarin: What is it and how do I take it?

Warfarin lowers the risk of blood clots forming in your body. There are two brands of warfarin. These are not the same, so don't change brands.

- Take your warfarin exactly as prescribed. Warfarin is taken once each day, the evening is recommended.
- You should not miss a dose or take a double dose.
- Make sure you always have enough tablets.
- Carry identification with you that states you take warfarin.

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Warfarin and blood tests

You need to have regular blood tests. Blood tests are needed to monitor the effect of warfarin. The dose of warfarin is changed based on the blood test (INR) results.

After each test, the clinician will tell you what dose to take each day and when to have your next test.

Record your INR, warfarin dose and date of next test on the other side of this card.

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Warfarin and bleeding

Bleeding is the most common side effect of warfarin.

Contact your clinician right away if you have:

- any bleeding that is hard to stop
- severe unexplained bruising, or bruising that gets bigger
- red or black bowel motions
- dark or blood stained vomiting
- red or dark urine
- coughing up blood
- severe headache or dizziness
- new pain, swelling or discomfort.

Talk to your clinician before starting any activity that may cause injury.

Tell your clinician or dentist about warfarin, before any medical or dental procedures.

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Things that affect warfarin

Other medications: Warfarin is affected by many medicines. This includes prescription and non-prescription medicines, vitamins, minerals, herbal medications and dietary supplements. Talk to your clinician or pharmacist before you start or stop any medicines.

Diet: Some foods interact with warfarin and affect your treatment and dose. Maintain a regular balanced diet. Contact your clinician if you can't eat your usual diet.

Alcohol: Avoid heavy or binge drinking. Talk to your clinician about drinking alcohol with warfarin.

Illness: Illness may change the effect of warfarin. See your clinician if you become ill.

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Fold and keep this card in your wallet

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Useful contacts

Poisons information line – for immediate advice for overdoses or poisoning
24-hour telephone line: **131 126**

NPS MedicineWise – for information about your medicines

Website: www.nps.org.au

NPS Medicines Line: **1300 633 424** (1300 Medicine)

healthdirect Australia – to speak with a registered nurse for health advice

24-hour telephone line: 1800 022 222



This document can be made available
in alternative formats on request for
a person with disability.

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