Warfarin – Prescribing Support Document

The purpose of this prescribing support document is to provide advice and information to healthcare professionals for counselling patients when initiating warfarin.

Indication:

Warfarin is used in the treatment and prevention of blood clots (pulmonary embolism (PE) and deep vein thrombosis (DVT)), atrial fibrillation (AF) and after heart valve surgery. Warfarin is an anticoagulant and works by being a vitamin K antagonist. It reduces the tendency of the blood to clot. Whilst on warfarin patients will need regular blood tests to check their international normalised ratio (INR – blood test that tells you how long it takes for their blood to clot). The Warfarin dose is adjusted dependent on their INR.

How to take:

- Patients may take warfarin with or without food.
- Patients should aim to take their warfarin at the same time of day for stable anticoagulation. They will normally have their INR checked in the morning, so taking Warfarin around 6pm allows them to receive any instructions regarding the dose of warfarin from that morning test. If taking Warfarin at this time is difficult, e.g. due to shift work, patients must discuss options with their prescribing clinician or anticoagulant clinic.
- Patients must inform any healthcare professionals who either prescribes/recommends medication or intends to perform a procedure on them, that they are aware they are taking warfarin. This includes dental procedures and minor surgery.
- Patients can drink alcohol on warfarin, but excess alcohol consumption and binge drinking are inadvisable for anticoagulated patients, due to the increased risks of bleeding, alcohol associated acute injuries (e.g. head injuries) and chronic liver disease (which may affect coagulation).

Dose:

- Warfarin tablets come in different strengths which are distinct colours for safety reasons. Their prescribing clinician or specialist will have explained how to work out what combination of tablets are needed each day to get the correct dose based on their latest INR reading. If they remain unclear, they must ask them to clarify this for them. Patients can also discuss this with their local pharmacist. They will be given an anticoagulation booklet, and this should have pictures inside that make this clear.

Importance of compliance:

- Warfarin levels will fluctuate if not taken as instructed. You cannot put warfarin in a compliance aid because the dose varies depending on the INR blood test results but other ways of remembering to take the tablets include a calendar and reminder alarm.

What to do if a dose is missed or an extra dose is taken:

- If a dose is missed, advise patients to take their warfarin as soon as they remember that day i.e. up to bed time.
- Patients must not double up on doses the next day if a dose is missed. Record the missed dose in their record book.
- If they take an extra dose accidentally, they must contact their local Community Pharmacy, GP or 111.

Potential for drug interactions:

Warfarin may be affected by some medicines / herbal preparations. Therefore:

- Patients should always let their treating doctor/dentist/pharmacist know they are taking warfarin.
- Patients should avoid aspirin unless prescribed by a doctor, as there is an increased risk of bleeding.
- Patients should avoid over the counter painkillers such as ibuprofen, diclofenac, naproxen.
- It is ok to take paracetamol with warfarin unless there is another reason not to do so.
- Patients should avoid over the counter or herbal medicines including dietary supplements unless they are medically advised that it is safe.

Side effects of warfarin (and what to do if experienced):

- Signs/symptoms of excess anticoagulation include new skin rash, blood in urine or stools, bleeding gums, nose bleeds (lasting for > 5-10mins), blood shot eye, coughing or vomiting blood, severe or spontaneous bruising, unusual headaches, excessive vaginal bleeding, cuts that take longer than expected to stop bleeding.
- **For severe symptoms or if they feel very unwell, they must call 999 for an ambulance or go to their nearest accident and emergency (A&E) department. If they are unsure what to do, they must ring 111 who provide 24-hour triage advice and can direct them to the correct services.**
- Recurrence of thromboembolism (blood clot); if this occurs, patients must seek medical advice by ringing 111 if the degree of urgency is unclear.
- If they have any other side-effects, patients should discuss this with their GP, pharmacist, or anticoagulation clinic.

Pregnancy and Lactation: (Female Patients)

- Women should not become pregnant whilst taking warfarin. Reliable contraception is required.
- Women can safely breast feed when taking warfarin as it is not present in milk in significant amounts and appears safe.
- Inform patients if they are planning to become pregnant, that they should discuss this with their GP for onward referral to a haematologist.

Diet:

- It is important patients eat a well-balanced diet. Any major changes in the diet may affect how the body responds to the anticoagulant medication. Green vegetable intake should be spread evenly through the week as it contains vitamin K and a constant intake of this is helpful rather than once or twice a week. Taking warfarin is not a reason to avoid green veg.
- Foods rich in vitamin K may affect the INR result.
- Such foods include green leafy vegetables, chickpeas, liver, egg yolks, cereals containing wheat bran and oats, mature cheese, blue cheese, avocado and olive oil.
- These foods are important in the diet but eating them in substantial amounts may lower the INR result. Patients should try to take the same amount of these foods on a regular basis.
- It is the change in the vitamin K intake that affects the INR result.
- **Drinking cranberry juice can also affect the INR and so should be avoided altogether.**

Monitoring:

- Patients **must** have a regular blood test called an INR to be prescribed warfarin. INR stands for International Normalised Ratio.
- This is a standard test that measures how long the blood takes to clot. Normally, blood that is not anticoagulated has an INR of approximately 1.0.
- The dose of anticoagulant that they will need to take will depend on their INR test result.
- If the result is out of the range appropriate for their condition (patients should be told their "range"), the dose of anticoagulant will be increased or decreased accordingly.
- The anticoagulant dose required to achieve their target INR varies for each person.
- Warfarin alert cards are available via NHS Forms or Primary Care Support England (PCSE) and patients should complete one and always carry it with them.

  You may refer patients to the Pharmacy New Medicines Service which is suitable for patients prescribed anticoagulants for the first time.

  Please ensure patients are provided with a copy of the Patient Information Leaflet (PIL).

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