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**Important Message**

In order to provide you with the safest and most effective therapy, your healthcare provider needs you to act as a partner in your care. Your role is to gain the necessary knowledge about your warfarin and any other anticoagulation therapy, the factors that affect it, and then apply this knowledge to your daily activities.

Warfarin is safe and effective when taken as prescribed and lab work is performed. It is important to take your warfarin daily as prescribed and keep all follow-up appointments.

Always update your healthcare providers with any changes in your health or medications that you are taking. This is very important because there are many medications that interact with warfarin, which could change how the medication works.

Always update Anticoagulation Management Services with any change in your medications or changes in your health.

Do not hesitate to call with any questions.

**St. Agnes Hospital Anticoagulation Management Services**
(920) 926-4580

**Waupun Memorial Hospital Anticoagulation Management Services**
(920) 324-8444

**Ripon Medical Center Anticoagulation Management Services**
(920) 748-0532

Name: _____________________________________________________________

Reason for warfarin: _______________________________________________

Goal range: ______________________________________________________

Length of therapy: ________________________________________________
What is Anticoagulation Therapy?
An anticoagulant is a medication that affects the blood clotting process. Common oral anticoagulants include warfarin (Coumadin®), aspirin, dabigatran (Pradaxa®), rivaroxaban (Xareto®), apixaban (Eliquis®) and clopidogrel (Plavix®). Common injectable anticoagulants include dalteparin (Fragmin®), enoxaparin (Lovenox®), fondaparinux (Arixtra®) and heparin.

What is Warfarin (Coumadin®)?
Warfarin is a medication that affects the blood’s ability to make a blood clot. Warfarin is not a “blood thinner” as it is commonly referred to. It changes the time it takes to make a blood clot.

Where Did Warfarin Come From?
Warfarin was first discovered in 1939 after numerous cattle had bleeding issues in North Dakota and Canada after eating common varieties of sweet clover. Further investigation led to the discovery of warfarin, which was first used as rat poison in the 1940s. Investigators began experimenting with warfarin in humans in the 1950s, but its widespread use did not occur until it was used to treat President Dwight D. Eisenhower after a heart attack in the mid 1950s. Subsequently, warfarin sodium (derived by the Wisconsin Alumni Research Foundation which held the original patent on warfarin) rapidly became the major oral anticoagulant used in the United States and throughout North America.

Why is Warfarin Prescribed?
Warfarin is used when you have a condition that increases the risk of blood clots. Anticoagulant or antiplatelet therapy medications, such as warfarin (Coumadin®) or aspirin, reduce the risk of blood clots and stroke by decreasing your blood’s ability to clot. While they don’t break up existing blood clots, they can prevent clots from getting bigger or reduce your risk of developing additional clots. The body dissolves most clots with time.

Common Reasons For Using Warfarin Include:
- **Atrial Fibrillation**
  Atrial fibrillation, often referred to as “Afib,” is an irregular heartbeat, a rapid heartbeat or a quivering of the upper chambers of the heart, which are called the atria. Atrial fibrillation is due to a malfunction in the heart’s electrical system. It is the most common heart irregularity, or cardiac arrhythmia. It can interrupt the normal flow of blood through the heart, allowing clots to form. These clots can potentially travel through the arteries, lodge in the brain and cause strokes.

- **Deep Vein Thrombosis (DVT)**
  Deep Vein Thrombosis, or DVT, is a blood clot that forms in a vein deep in the body. Blood clots occur when blood thickens and clumps together. Most deep vein blood clots occur in the lower leg or thigh, but they also can occur in other parts of the body.
• Pulmonary Embolism (PE)
A blood clot in a deep vein can break off and travel through the bloodstream. The loose clot is called an embolus. When the clot travels to the lungs and blocks the main artery of the lung or one of its branches, the condition is called pulmonary embolism. A pulmonary embolism is a very serious condition. It can damage the lungs and other organs in the body and cause death.

• Aortic or Mitral Mechanical Heart Valve
An artificial heart valve is a device implanted in the heart of a patient with heart valvular disease. Blood that flows between different chambers of your heart, or out of your heart into large arteries, must flow through a heart valve. These valves open up enough so that blood can flow through. They then close, keeping blood from flowing backwards.

There are four valves in your heart. These include the aortic valve, mitral valve, tricuspid valve and pulmonary valve. When one of the four heart valves malfunctions, the medical choice may be to replace the natural valve with an artificial valve. Blood clots on mechanical valves can cause the valve to “stick.” Blood clots on the replacement valve can also fall off the valve and enter the bloodstream. This can cause blockage of arterial branches anywhere in the body, including the brain, where it can cause a stroke. Warfarin is administered to prevent clots from forming on the mechanical valves.

• Stroke
A stroke occurs when a blood clot blocks the blood flow in a vessel or artery, or when a blood vessel breaks, interrupting blood flow to an area of the brain. When either of these things happens, brain cells begin to die. When brain cells die during a stroke, abilities controlled by that area of the brain are lost. After emergency treatment for stroke, when your condition has stabilized, treatment focuses on rehabilitation and preventing another stroke. Warfarin is usually given after the initial treatment for stroke to prevent strokes caused by blood clots.

• Heart Attack
Myocardial infarction (MI) or acute myocardial infarction (AMI), commonly known as a heart attack, occurs when the blood supply to part of the heart muscle, the myocardium, is severely reduced or stopped. The reduction or stoppage happens when one or more of the coronary arteries supplying blood to the heart muscle are blocked.

• To Prevent Blood Clots After Surgery
People who have had recent surgery are at a higher risk to develop blood clots, especially if they are confined to bed rest or become inactive following the surgery. Not moving around sufficiently can slow blood flow and cause blood to pool in the veins of the legs. Stress, such as from surgery or injury, as well as mild dehydration, can cause the blood in these pools to clot more easily.

There are other less common reasons patients may be on warfarin. One example is patients who have a genetic condition that causes blood clots. Please discuss the reason that you are on warfarin with your healthcare provider if you have any questions.
How Long Do I Have to be on Warfarin?

For some conditions, it may be only weeks or months. In many cases however, it is a lifelong medication. You should never stop taking this medication without discussing it with your physician first.

General guidelines for length of therapy are as follows:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Warfarin duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEEP VENOUS THROMBOSIS (DVT)</td>
<td></td>
</tr>
<tr>
<td>Prevention after surgery</td>
<td>Short term only, four to six weeks</td>
</tr>
<tr>
<td>Treatment after first episode</td>
<td>Three to six months</td>
</tr>
<tr>
<td>Recurrent</td>
<td>Indefinite</td>
</tr>
<tr>
<td>PREVENTION OR TREATMENT OF STROKE</td>
<td></td>
</tr>
<tr>
<td>Atrial fibrillation</td>
<td>Indefinite</td>
</tr>
<tr>
<td>Stroke</td>
<td>Indefinite</td>
</tr>
<tr>
<td>Cardiomyopathy</td>
<td>Indefinite</td>
</tr>
<tr>
<td>ACUTE MYOCARDIAL INFARCTION / HEART ATTACK</td>
<td></td>
</tr>
<tr>
<td>Prevention of blood clot</td>
<td>Three months or less</td>
</tr>
<tr>
<td>Prevention of recurrence</td>
<td>Indefinite</td>
</tr>
<tr>
<td>PROSTHETIC VALVES</td>
<td></td>
</tr>
<tr>
<td>Tissue heart valves</td>
<td>Three months to indefinite</td>
</tr>
<tr>
<td>Bileaflet mechanical valve in aortic position</td>
<td>Two to three months to indefinite</td>
</tr>
<tr>
<td>Other mechanical prosthetic valves</td>
<td>Indefinite</td>
</tr>
</tbody>
</table>

What Does Warfarin Look Like?

Whether you have brand or generic warfarin, the color of the tablet will always be the same for a given strength. The shape and size may vary from one manufacturer to another. For example, if you use warfarin 1mg tablets, then the color will always be pink. If the color of your warfarin changes, but you were not prescribed a different strength of warfarin tablets, contact your pharmacy before taking a dose.

<table>
<thead>
<tr>
<th>Tablet Strength</th>
<th>Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>1mg</td>
<td>Pink</td>
</tr>
<tr>
<td>2mg</td>
<td>Light Purple</td>
</tr>
<tr>
<td>2.5mg</td>
<td>Green</td>
</tr>
<tr>
<td>3mg</td>
<td>Brown</td>
</tr>
<tr>
<td>4mg</td>
<td>Light Blue</td>
</tr>
<tr>
<td>5mg</td>
<td>Peach</td>
</tr>
<tr>
<td>6mg</td>
<td>Teal</td>
</tr>
<tr>
<td>7.5mg</td>
<td>Yellow</td>
</tr>
<tr>
<td>10mg</td>
<td>White</td>
</tr>
</tbody>
</table>
What is a Usual Dose of Warfarin?
There is no “usual dose” of warfarin. The warfarin dose is very different for each patient who takes warfarin. The dose may change depending on the results from a lab test used to see if the warfarin is working.

Can Warfarin Tablets be Split?
Yes, warfarin tablets may be split. Sometimes the dose of warfarin may change and you may need to use half tablets to get the proper dose.

What Time Do I Take Warfarin?
It is best to take warfarin at the same time each day. Generally, it is recommended to take warfarin in the evening. This will allow your healthcare provider to make dosage adjustments based on your daytime blood test before you have taken your daily dose.

Can I Take My Warfarin With Food?
It is okay to take warfarin with or without food. The best way to take warfarin is they same way each day either with or without food.

What Happens if I Miss a Dose?
It is okay to take your dose a little late. If you wake up the next day and realize that you have missed a dose, it is NOT okay to double up on your dose. If you miss your dose and it is the next day, simply take the prescribed dose for that day. Make sure to notify your anticoagulation therapy provider if you miss a dose.

How Long Does it Take For Warfarin to Start or Stop Working?
Warfarin begins to reduce blood clotting within 24 hours after taking the drug. The full effect may take 72 to 96 hours to occur. The anti-clotting effects of a single dose of warfarin lasts two to five days, but it is important for you to take your dose as prescribed by your healthcare provider.

How Do I know How Warfarin is Working? What is an INR?
Warfarin is monitored with a lab test called the INR (International Normalized Ratio). INR can also be called a protime (PT). INRs are used to determine the correct dose of warfarin to give. Your INR should be near 1 if you are not taking warfarin. Your INR will rise when the warfarin is working.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Normal” INR not on warfarin</td>
<td>→</td>
<td>→</td>
<td>→</td>
<td>→</td>
</tr>
<tr>
<td>warfarin causes the INR to rise</td>
<td>→</td>
<td>→</td>
<td>→</td>
<td>→</td>
</tr>
</tbody>
</table>
How Often Do I Have to Get My INR Measured?
At the beginning of therapy, INRs are measured frequently because INRs are used to determine the correct dose of warfarin. If you are getting injections while you are starting on warfarin, then the INR will be measured daily. Generally INRs are measured one to three times a week for the first week, then one to two times a week for the next two weeks, then one time every other week until the correct dose of warfarin is determined. Once the dose of warfarin is known, then the INR only needs to be checked every four weeks unless dose adjustments are needed.

What is the Goal Range For My INR?
INR goal range depends on the reason for use. Goal ranges for INR can depend on many factors and is up to your healthcare provider.

Common INR Goal Ranges:

<table>
<thead>
<tr>
<th>Condition</th>
<th>INR range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atrial fibrillation</td>
<td>2 - 3</td>
</tr>
<tr>
<td>DVT</td>
<td>2 - 3</td>
</tr>
<tr>
<td>PE</td>
<td>2 - 3</td>
</tr>
<tr>
<td>Mechanical heart valves</td>
<td>2.5 - 3.5</td>
</tr>
<tr>
<td>Stroke</td>
<td>2 - 3</td>
</tr>
<tr>
<td>Heart attack</td>
<td>2 - 3</td>
</tr>
<tr>
<td>Prevention of blood clot</td>
<td>2 - 2.5</td>
</tr>
</tbody>
</table>

What if My INR is Above My Goal Range?
The higher the INR means the longer it takes for the blood to make a blood clot. Your INR may go above your range for many reasons. Factors that increase an INR include: drug interactions, alcohol, changes in diet, taking too many warfarin tablets, feeling ill, not eating well or losing weight. It simply means that you need less warfarin than you were previously getting.

What if My INR is Below My Goal Range?
The lower the INR means that the blood is clotting too quickly and making a blood clot faster than your prescriber indicates. Your INR may go below your range for many reasons. Factors that decrease an INR include: missing a dose, changes in medications, eating more foods with increased vitamin K content or increased activity. It simply means that you need more warfarin that you were previously getting.
How Do I Keep My INR in Goal Range?

• Take the correct dose of warfarin at the same time each day.
• Have your INR checked regularly as scheduled.
• Eat a consistent amount of vitamin K.
• Inform your healthcare provider and the Anticoagulation Management Services of any changes in medications or health.

What Are the Food Interactions With Warfarin?
Foods containing vitamin K are known to decrease the effects of warfarin. There are large amounts of vitamin K in foods such as liver, broccoli, brussel sprouts and green leafy vegetables (e.g., spinach, Swiss chard, coriander, collards and cabbage). It is important to eat a consistent amount of the below listed foods because of the effect vitamin K may have on the warfarin. You do not have to avoid foods that have vitamin K, but you must have a consistent and regular amount of the below listed foods.

Examples of Food/Beverages High in Vitamin K that may cause INR to decrease - eat a consistent amount:

| Broccoli | Green Tea | Brussel Sprouts |
| Garbanzo beans | Cabbage | Lentils |
| Endive | Liver | Kale |
| Soybean oil | Lettuce, red leaf | Canola oil |
| Collard greens | Seaweed | Green scallions |
| Turnip greens | Spinach |

Examples of Vegetables Low in Vitamin K - **EAT AS MANY AS YOU WANT:**

| Green Beans | Peas | Carrots |
| Potatoes | Celery | Corn |
| Cucumber | Eggplant | Tomato |
| Pepper | Zucchini |

What Are the Alcohol Interactions With Warfarin?
Alcohol in moderation (up to two drinks per day) will not dramatically impact the INR level. Excess alcohol intake will elevate the INR level because both the alcohol and the warfarin are metabolized through the liver. If you have a problem with excessive alcohol intake and are taking warfarin, please speak with your healthcare provider. This lethal combination may place you at serious risk of a bleeding event.
What Are Other Beverages to Avoid With Warfarin?
Avoid drinking cranberry, pomegranate, mango or grapefruit juices when taking warfarin. These may lead to an increase INR.

What Are the Drug Interactions With Warfarin?
Other medicines can change the way warfarin works. Warfarin can also change the way your other medicines work. It is important to talk with your healthcare providers about all the medicines that you take, including other prescription medicines, over-the-counter medicines, vitamins and herbal products. Tell your healthcare provider when you start taking a new medication, when you stop taking a medicine, or if the amount of medicine you are taking changes.

When you visit your healthcare providers, bring a list of current medicines, over-the-counter drugs, and any vitamins and herbal products you take. Let your healthcare provider know if you start or stop taking an oral multivitamin.

Please notify your provider and the Anticoagulation Management Service if you have been started on any antibiotics, chemotherapy, or amiodarone as these medications can have significant interactions with warfarin.

What Are the Herbal Medication Interactions With Warfarin?
Herbal medicines can also cause dangerous drug interactions with warfarin. Keep in mind that just because an herbal product is advertised to be “all natural” does not mean it is safe. Below is a list of herbal products known to interact with warfarin. The list is not all-inclusive. If you want to take an herbal supplement, it is very important that you contact your healthcare provider before taking it.

<table>
<thead>
<tr>
<th>Agrimony</th>
<th>Chamomile (German &amp; Roman)</th>
<th>Parsley*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alfalfa</td>
<td>Dandelion</td>
<td>Passion Flower</td>
</tr>
<tr>
<td>Aloe Gel</td>
<td>Fenugreek</td>
<td>Pau d’arco</td>
</tr>
<tr>
<td>Aniseed Angelica (Dong Quai)</td>
<td>Feverfew</td>
<td>Policosanol</td>
</tr>
<tr>
<td>Arnica</td>
<td>Garlic*</td>
<td>Poplar</td>
</tr>
<tr>
<td>Asa Foetida</td>
<td>German Sarsaparilla</td>
<td>Quassia</td>
</tr>
<tr>
<td>Aspen</td>
<td>Ginger</td>
<td>Red Clover</td>
</tr>
<tr>
<td>Bladder Wrack (Fucus)</td>
<td>Ginkgo Biloba</td>
<td>Senega</td>
</tr>
<tr>
<td>Black Cohosh</td>
<td>Goldenseal</td>
<td>St. John’s Wort</td>
</tr>
<tr>
<td>Black Haw</td>
<td>Green Tea</td>
<td>Sweet Clover</td>
</tr>
<tr>
<td>Bogbean</td>
<td>Horseradish</td>
<td>Sweet Woodruff</td>
</tr>
<tr>
<td>Bromelain</td>
<td>Licorice</td>
<td>Tamarind</td>
</tr>
<tr>
<td>Buchu Boldo</td>
<td>Meadowsweet</td>
<td>Tonka Beans</td>
</tr>
<tr>
<td>Capsicum</td>
<td>Mistletoe</td>
<td>Wild Carrot</td>
</tr>
<tr>
<td>Cassia</td>
<td>Nettle</td>
<td>Wild Lettuce</td>
</tr>
<tr>
<td>Celery*</td>
<td>Onion*</td>
<td>Yarrow</td>
</tr>
</tbody>
</table>

* This does not include food products or seasoning.
Following is a list of medications that potentially interact with warfarin. This is not an all-inclusive list and some of these medications can still be used safely while taking warfarin. The most important thing to remember is to inform your healthcare providers of any changes to your medications whether or not it is listed below.

Acetaminophen
Agents that lower cholesterol
Alcohol
Allopurinol
Amiodarone
Antibiotics or medicines for treating bacterial, fungal or viral infections
Azathioprine
Barbiturate medicines for inducing sleep or treating seizures
Certain medicines for diabetes
Certain medicines for heart rhythm problems
Certain medicines for high blood pressure
Chloral hydrate
Cisapride
Disulfiram
Female hormones, including contraceptive or birth control pills
General anesthetics
Herbal or dietary products like cranberry, garlic, ginkgo, ginseng, green tea, or kava kava
Influenza virus vaccine (still recommended in most patients)
Male hormones
Medicines for mental depression or psychosis
Medicines for some types of cancer
Medicines for stomach problems
Methylphenidate
NSAIDs, medicines for pain and inflammation, like ibuprofen or naproxen
Quinidine, quinine
Raloxifene
Seizure or epilepsy medicine like carbamazepine, phenytoin and valproic acid
Steroids like cortisone and prednisone
Tamoxifen
Thyroid medicine
Tramadol
Vitamin C, vitamin E and vitamin K
Zafirlukast
Zileuton
What Are the Side Effects of Warfarin?
Side effects from warfarin may occur from time to time. If you notice anything abnormal that you believe may be caused by the medication, please call your healthcare provider.

Two types of side effects that sometimes occur are problems with bleeding and allergic reaction.

Symptoms of **minor bleeding** include:
- Gum bleeding while brushing teeth
- Occasional nosebleed
- Easy bruising
- Bleeding after a minor cut that stops within a few minutes
- Menstrual bleeding that is a little heavier than normal

If you have minor bleeding that does not stop, please contact your healthcare provider, go to the emergency room or call 911.

Symptoms of **major bleeding** include:
- Dark brown or red urine
- Bowel movements containing blood or very dark, tar-like stool
- Excessive bleeding from the gums or nose
- Throwing up coffee-colored, bright red or red-tinged secretions
- Severe pain (headache or stomachache)
- Dizziness/weakness
- Bleeding from a cut that will not stop
- Sudden appearance of bruises for no known reason
- Excessive menstrual bleeding
- Pain, discomfort or swelling in any area, especially after an injury

If you have major bleeding, please contact your healthcare provider, go to the emergency room or call 911 right away. These are signs that your INR may be high.

The chance of bleeding increases with increasing INR. Keeping your INR within your target range will reduce your risk of bleeding.

In rare cases, warfarin can cause an allergic reaction. Get help right away if you have an allergic reaction.
Symptoms of an allergic reaction may include:
- Difficulty breathing
- Swelling of your throat, tongue or face
- Hives and/or a rash
- Itching

Warfarin can also cause skin necrosis or gangrene, which can cause dark red or black areas on the skin. This is a rare complication that may occur during the first several days of warfarin therapy. If either of these conditions occur, please contact your healthcare provider, go to the emergency room or call 911 right away.

What Can Be Done If I Have A Major Bleed And/Or Need An Emergency Procedure?
The vitamin K that is found in foods also comes in a pill form and a form that can be given in the veins. Vitamin K can be used to decrease a high INR by helping blood to clot faster. Giving Vitamin K will help the blood to return to “normal” meaning that the blood will be able to clot quickly just as it did before starting on warfarin therapy. This will help stop any serious bleeding that may occur or prepare the body if an emergency procedure is needed where bleeding can be a risk.

What To Do If You Have A Head Injury Or Have A Serious Fall While Taking Warfarin?
If you experience a head injury or a serious fall while taking warfarin you should contact your healthcare provider or go the emergency room. An injury to the head may be very serious and will need to be evaluated quickly.

What About Warfarin Use in Pregnancy?
Warfarin should be avoided in pregnancy because warfarin crosses the placenta and can lead to fetal abnormalities. Talk to your healthcare provider right away if you think you may be pregnant.

What Do I Do if I am Traveling While on Warfarin?
Warfarin therapy should generally not affect any travel plans. You should, however, tell your healthcare provider before you go away if the trip will be longer than the time until your next INR test. Depending on how long you will be away, you may need an INR test before you leave.

What if I Have a Procedure Scheduled When I am on Warfarin?
Bleeding from medical or dental procedures may be increased with warfarin. You should tell your physician or dentist that you take warfarin well before any planned procedure (including operations in the hospital, minor outpatient surgery procedures or some dental work) so that your warfarin therapy is considered during the planning of your operation or procedure. Your dose of warfarin may have to be lowered or stopped a few days before the procedure, and a different anticoagulant may need to be used.
What is Bridge Therapy?
Bridge therapy is used when a patient who is at high risk of clotting needs to have the warfarin interrupted for a period of time. This may be in preparation for a procedure, such as a surgery, endoscopy, colonoscopy or dental work. Normally the warfarin is stopped three to five days prior to the procedure and then re-started after the surgery. Stopping the warfarin will lower the INR and so lower the risk of bleeding. In patients at very high risk of clotting, this time off warfarin may result in a blood clot. For this reason, bridge therapy is used.

In bridge therapy, the warfarin is discontinued and when the INR drops below the therapeutic level, heparin (usually low molecular weight heparin which may be more easily administered at home) is begun. The heparin is stopped on the day of the procedure (or the day before depending upon the timing and the planned procedure) and then restarted later that day, or the next day. This protects the patient from developing a blood clot while off warfarin, as the blood is thinned by the heparin until the warfarin is again therapeutic in the body.

What is Low Molecular Weight Heparin (LMWH)?
LMWH is a form of heparin that is injected right below the skin. LMWH has several advantages compared to heparin. LMWH’s effects last longer, are more predictable and require less monitoring. LMWH generally has fewer side effects than standard heparin. LMWH is often used as an alternative to heparin or as “bridging” therapy for patients on warfarin. Examples of LMWHs are dalteparin (Fragmin®), enoxaparin (Lovenox®) and fondaparinux (Arixtra®).
Things to Remember:

**DOs**
- Do take your warfarin exactly as your healthcare provider tells you.
- Do get your blood tested when you are supposed to.
- Do use a calendar to record all of your warfarin doses and each INR result.
- Do tell your healthcare provider about all other medications you are taking. Talk to your healthcare provider BEFORE you change, start or stop any medicines (prescription or over-the-counter), supplements or herbal products.
- Do keep your eating habit and activities somewhat similar every day. Sudden changes can affect your INR.
- Do eat moderate, consistent amounts of foods that contain vitamin K such as green vegetables.
- Do tell your healthcare provider when you get sick or injured, or have bleeding that is more severe than you expect. Call immediately if you experience head injury.
- Do keep warfarin (and all other medications) out of the reach of children.
- Do tell your physician if you are pregnant or are planning to get pregnant.
- Do tell all healthcare providers (e.g., physicians, dentists and pharmacists) that you are taking warfarin.
- Do refill your prescription BEFORE running out of warfarin.
- Do remember to take your warfarin (and other medications) when you travel.
- Do consider wearing a medic alert bracelet or carrying a wallet card that states that you are taking an oral anticoagulant.

**DON’Ts**
- Do NOT take warfarin if you are pregnant or plan to get pregnant without contacting your physician.
- Do NOT change the dose of warfarin on your own.
- Do NOT stop warfarin on your own even if you feel well.
- Do NOT start or stop any other medicines without checking with your healthcare provider first.
- Do NOT make big changes in your diet, lifestyle or activities without first telling your healthcare provider.
- Do NOT participate in contact sports that may result in bleeding or bruising injuries. Take caution when performing activities that have an increased risk of bleeding.
- Do NOT drink too much alcohol. One to two drinks per day are generally OK unless you have been told not to drink alcohol. Never binge drink.
Resources For More Information
Agnesian HealthCare Anticoagulation Management Services
http://www.agnesian.com/services/services/anticoagulation-management

National Stroke Association
1-800-STROKES or www.stroke.org

American Heart Association Stroke Connection “warmline”
1-800-553-6321 or www.americanheart.org

http://www.coumadin.com/
Provides consumers with information on oral anticoagulants
http://www.dvt.org/dvt/
An Internet resource for deep vein thrombosis and pulmonary embolism

Contact Information
Your physician may recommend that you be seen by Agnesian HealthCare’s Anticoagulation Management Services. This service will monitor, prescribe and dose your anticoagulation medications. There are three locations within Agnesian HealthCare.

Fond du Lac – St. Agnes Hospital Anticoagulation Management Services – 1st Floor
Phone: (920) 926-4580
Fax: (920) 926-4581
Hours: Monday through Friday: 7:30 a.m. to 4:30 p.m.
Saturday and Sunday: only if needed

Waupun – Waupun Memorial Hospital Anticoagulation Management Services – 3rd Floor
Phone: (920) 324-8444
Fax: (920) 324-6847
Hours: Monday through Friday: 8 a.m. to 3 p.m.
Saturday and Sunday: only if needed

Ripon – Ripon Medical Center Anticoagulation Management Services – 3rd Floor
Phone: (920) 748-0532
Fax: (920) 748-1380
Hours: Monday through Friday: 8 a.m. to 3 p.m.
Saturday and Sunday: only if needed