

Coumadin

Warfarin (Coumadin) is an anticoagulant that affects vitamin K enzymes. Called a "blood thinner," it doesn't actually thin the blood. Instead, it lengthens the time it takes for a blood clot to form. Over time we hope to see clots go away if you started with one.

You must take your Coumadin at the same time every day with any liquid, preferably not with a big meal. Use a weekly pill container and do not change the dose unless told to do so. If a dose is missed or forgotten, you can take it within 18 hours. Because vitamin K affects how your body reacts to Coumadin, don't significantly increase or decrease your consumption of foods rich in this vitamin, such as:

Broccoli
Cabbage
Asparagus
Spinach, turnip greens, kale
Green tea.

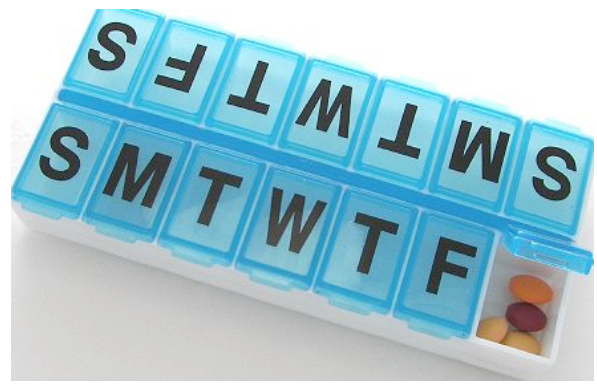
Coumadin comes in different strengths; each is a different color, with the amount of Coumadin (in milligrams) clearly printed on the tablet. If the color changes, check with us immediately to insure that it is the correct dose.

At first we will see you almost every week to adjust the dose, but after a while we can space that out to every month or so. Some need 1mg while others need 15 mg a day to keep the blood properly thinned.

The test that shows us how well the Coumadin is working is called the INR (or prothrombin test). We get results from just a finger stick drop of blood within 5 minutes in the office and then we can adjust your dose right away. You should remember your latest INR and wear a medic-alert bracelet if you need it long-term.

Many factors can change the way your body responds to Coumadin over time, including diet, illness, alcohol consumption (one drink a night is allowed), heart or lung problems. Many commonly used drugs, such as aspirin, vitamins, antacids, laxatives and antihistamines can interfere with Coumadin. We don't necessarily have to avoid these medications. With most medications changes we will just need to check your INR more frequently till we are sure it is still stable.

Every antibiotic affects the gut's clearance of Coumadin. The pharmacists usually call to warn us if we put you on



an antibiotic even though it really is not a big issue if you are on for just a short while.

The major complication associated with Coumadin is bleeding. Check your home for fall risks, like throw rugs and dogs that don't get out from underfoot. If your dose is getting too high you will typically notice it if you see:

- Prolonged bleeding from a minor injury
- Unexplained bleeding from your gums or nose
- Excessive or prolonged menstrual bleeding
- Excessive or unexplained bruising
- Red or rust-colored urine
- Black tarry stools, or red blood in the stools
- Tiny, round, purplish spots on your skin or toes
- Pain in the chest, abdomen, pelvis, or back
- Unexplained swelling
- Dizziness or faintness
- Severe or prolonged headache

Notify us immediately if you develop any of these symptoms. Coumadin can cause severe birth defects. Women who need this medicine need to be switched to shots of heparin or enoxaparin for the pregnancy.

Tell your dentist, any new doctor, pharmacists, and other health care workers that you are taking Coumadin. For some procedures you may be asked to go off the Coumadin for 3 days.

Frequent monitoring helps us keep closer tabs on you, but if it cramps your style, consider: a thrombin inhibitor like dabigatran (Pradaxa) or a factor Xa inhibitor like apixaban (Eliquis), rivaroxaban (Xarelto), or edoxaban (Savaysa). Also shots of enoxaparin (Lovenox) are an option, especially for those considering pregnancy. These all have fixed dosing and less need for monitoring! These drugs do set you back a lot more \$\$, but some insurances cover them well. rev 2017 TSG

CARING FAMILY, SC 815-459-2200

Todd S Giese, MD, Racquel N Ramirez, MD, George B Gancayco, MD, Jamie TM Gancayco, MD & Lauren K Mielke, FNP Family Nurse Practitioner.
Visit our website at: www.mycaringfamily.com