



病人教育

抗凝血診所



華法林 (可邁丁) 療法

華法林 (Warfarin) 是一種藥物，用於治療和預防腿部、肺部、心臟、腦部和身體其他部位的血凝塊。

什麼是華法林?

華法林鈉（可邁丁）是一種起到抗凝血劑作用的藥物。“抗”意思是“抵禦”，而“凝血”係指血凝塊。抗凝血劑幫助防止血液中形成凝塊。雖然華法林有時被叫作“薄血藥”，但是它是在肝臟裡發揮作用，減少叫做凝血因數的自然血液成分的產生。

我為什麼要服用華法林?

你的醫生開出華法林，是為了預防有害凝塊的形成，或者是為了治療已存在的血凝塊。血凝塊可在靜脈、動脈，或者甚至是在心室或心瓣膜中形成。血凝塊可造成血管堵塞，切斷向身體某部分的供血。在極少的情況下，它們可分裂成碎片，也叫血栓，然後被血液沖走。來自靜脈的血栓可在流經心臟後停留於肺部，造成肺動脈栓塞 (PE)。而來自心臟或動脈的血栓如果停留在大腦中，可導致中風。華法林可用於治療或預防：

- 心房顫動（心率紊亂）。
- 中風。
- 心臟病發作。
- 深靜脈血栓（通往心臟的靜脈中的血凝塊，也叫 DVT）或肺動脈栓塞。
- 心臟瓣膜疾病或更換。

華法林療法要求進行常規血液測試（即血漿凝血酶原時間（PT）或國際標準化比率（INR）等測試）來確定你用藥的劑量。在用華法林進行治療的過程中，劑量可根據病情來改變。

華法林是怎樣發揮作用的？

華法林限制你的肝臟利用維生素 K 的部分能力。凝血因數的形成需要維生素 K，凝血因數可助血液凝結，防止出血過多。維生素 K 天然地存在於某些食物中，例如綠色蔬菜和某些油類。

華法林可削弱身體產生血凝的能力。它幫助制止有害凝塊的形成，防止凝塊變大，但是它不能將存在的凝塊打碎。

華法林需要多長時間才會發揮作用？

首次服用後，華法林在 24 小時內便開始減少血凝。但是，達到全部效果可能需要 3 - 5 天時間。在此期間內，你可能需要注射肝磷脂或低分子量肝磷脂進行治療，直到華法林達到全部效果為止。

我應當服用多少華法林？

華法林的所需劑量因人而異。通常採用稱為血漿凝血酶原時間 (PT) 或國際標準化比率 (INR) 等測試方法來監測你身體對華法林的反應。然後根據此血液測試結果來調整你的華法林服用量，以達到你的 INR 目標範圍。

什麼是 PT 和 INR？

PT 是血液形成凝塊所需的時間。它是以秒來測量的。INR 則是報告 PT 的一種方法。但它更多的是用來檢查身體對華法林劑量的反應。

你的 INR 是以你根據自己的健康狀況而服用多少華法林為基礎的。多數人在服用華法林之前，INR 為 1.0 左右。開始服用華法林之後，他們的目標 INR 範圍在 2.0 - 3.0 之間。如果你形成血凝塊的風險較大，則此數值可能會更高。

一般來說，如果你的 INR 低於目標範圍（低於 2.0），你會有更大的風險形成凝塊。如果你的 INR 高於你的目標範圍（高於 3.0），你會有更大風險發生因出血過多所造成的問題。

我何時驗血？

最初開始服用華法林時，你或許要每週驗血兩次。在驗血結果和華法林劑量穩定下來之後，通常一個月驗血一次。

你的 INR 化驗頻率由你的醫生決定。或者，如果你去抗凝血診所看病，診所藥劑師或護士會決定你的 INR 化驗頻率。**你應當在規定的日期和時間驗血，這是非常重要的。**如果你不能如期赴約，你必須打電話改期。對你的 INR 必須經常進行檢查，以防止血凝塊和出血。

華法林有哪些副作用？

華法林療法的副作用不常發生，但出血是最常見的。甚至當你的 INR 處於目標範圍之內時，也可能發生很少量的出血。這可能包括小瘀傷增加，或刷牙時牙齦輕微出血。在極少情況下，有些人服用華法林後會發生皮疹或脫發。如果你發生任何異常，而你認為可能是因華法林造成的，請立即與抗凝血診所聯繫。

華法林劑量過高或 INR 偏高會有些什麼症狀？

服用過多華法林或 INR 偏高的主要症狀是出血。如果你不能確定自己是否出血過多，請致電你的醫生或抗凝血診所。可能需要對你的 INR 進行檢查。

少量出血

你要經常留意自己是否有以下任何症狀：

- 刷牙時牙齦出血。
- 流鼻血。
- 容易瘀傷。
- 小傷口的出血增加。
- 月經出血時間延長。

你應當按醫囑或抗凝血診所規定的時間驗血

如果你的 INR 過高，
可能發生出血。

致電你的醫生或抗凝血診所，或者，如果有以下任何現象，立即到醫院看急診：

- 重重跌倒，或頭部遭撞擊。
- 有以下任何大出血症狀：
 - 小便呈紅色或深褐色。
 - 大便呈紅色或黑色柏油狀。
 - 嘔血或咳血。
 - 嚴重頭痛或胃痛。
 - 不明瘀傷。
 - 經常流鼻血、牙齦出血，或異常出血。
 - 流血不止，或大出血。

華法林劑量太小或 INR 偏低會有什麼症狀？

血凝是華法林劑量太小或 INR 偏低的嚴重結果。如有以下任何症狀，請致電你的醫生或抗凝血診所，或立即去看急診：

- 任何肢體突然變得無力。
- 任何部位出現麻木或刺痛。
- 任何一隻眼睛發生視覺變化或視力喪失。
- 突然發生口齒不清或不能說話。
- 頭暈或虛弱。
- 四肢或腳部出現新的疼痛、腫脹、發紅或灼熱。
- 新出現呼吸困難或胸痛。

我應當何時服用華法林？

每天服華法林一次，應在相同時間，通常是在傍晚。如果你有健忘症，經常忘記吃藥，請告訴你的醫生或抗凝血診所的藥劑師或護士。

你可以隨飯或不隨飯服用華法林。此藥不會給你的胃部帶來不適。你還可以將華法林與大多數其他藥物一同服用。你可用日服藥丸盒（裝有一週服用藥丸）或劑量日曆來幫助你追蹤劑量情況。

如果忘記服藥怎麼辦？

儘量不要忘記服藥。如果真的忘記了：

- 如果你在同一天裡想起來了，可比正常時間晚一點服用華法林。
- 如果漏服一天藥，請致電你的醫生或抗凝血診所。如果你無法聯繫上，可不服漏服的劑量，第二天在正常時間繼續服用通常的劑量。
- **切勿**把劑量加倍服用來“補上”。
- 將漏服的劑量記在日曆上。在下次前往診所時告訴醫生或護士。

華法林是否會與其他藥物互相影響？

華法林與很多其他藥物互相影響。這包括某些處方藥、非處方藥、草藥和維生素。在開始或停止服用任何藥物、草藥或維生素時，應當告訴你的醫生或抗凝血診所，這是十分重要的。請進行 INR 檢查，即便藥物是由另一個醫生開的！你可能需要更經常地接受 INR 檢查，以防止其他藥物與華法林產生互相影響。

有些藥物是絕對不能與華法林一起服用的。因為它們可能削弱血液形成凝塊的能力，增加出血的風險：

- 沒有事先征得醫生或抗凝血診所同意之前，切勿服用阿司匹林。如果醫生建議你每天服用 1 粒阿司匹林，你每天的劑量不能超過 81 毫克。
- 不要服用含有阿司匹林的產品，例如 Excedrin、Alka-Seltzer、Ascription、Bayer、Bufferin、Ecotrin、Empirin、Nyquil 和 Pepto Bismol。
- 不要服用 ibuprofen，例如 Advil、Motrin、Nuprin、Medipren、Excedrin IB、Haltran、Midol 200、Pamprin-IB、naproxen (Aleve、Naprosyn、Anaprox)、ketoprofen (Orudis)、cimetidine (Tagamet HB) 或 famotidine (Pepcid AC)。

如果你需要藥物來緩解輕微的疼痛，可使用 acetaminophen (Tylenol)，每天劑量不超過 2 克（325 毫克片劑 6 片，或 500 毫克片劑 4 片）。

如果你的 INR 太低，可能會出現凝血。

如果你開始或停止服用任何處方藥、草藥或維生素補充劑，請致電你的醫生或抗凝血診所。

藥物與華法林之間的互相影響可造成 INR 發生變化。這會增加出血或凝血的風險。

如果你改變了自己通常的酒量、身體出現任何變化，或者生活方式或活動量有任何變化，請告訴你的醫生或抗凝血診所。

服用華法林期間飲酒是否安全？

服用華法林期間飲用適量的酒精飲料是安全的。這意味著每天飲用量不超過 1 杯，偶爾飲用時不超過 2 杯（1 杯 = 1 杯啤酒或 1 杯葡萄酒或 1 杯雞尾酒或 1 杯酒精）。超過這個量會導致 INR 過高，增加出血的風險。

服用華法林期間是否要限制活動？

由於華法林會增加出血風險，因此應當避免進行可能使你受傷的活動。告訴醫生、抗凝血診所藥劑師或護士你的目前的活動，徵詢他們在服用華法林期間是否可以繼續這些活動。一些身體活動通常是安全的，包括散步、慢跑、游泳和園藝勞動。讓醫生或抗凝血診所醫務人員知道你運動量的任何變化是重要的，因為這也可能影響你的 INR。

如果我病了怎麼辦？

疾病會改變身體對華法林的反應。充血性心力衰竭、發燒、流感、病毒或細菌感染、噁心、嘔吐或腹瀉等可造成 INR 升高，從而增加出血的風險。如果你有任何這類症狀，應聯繫你的醫生或抗凝血診所。在開始服用抗生素之前請記住要給他們打電話。

維生素 K 與華法林

維生素 K 含量高的食物可減少華法林的效力，降低 INR。下一頁上的列表列出了維生素 K 含量較高的食物。在服用華法林期間，進食這些食物應當保持一慣性。

如果你通常每天要進食幾次這些食物中的 1 種或多種，可繼續進食。如果你通常不進食這些食物，也請繼續。**關鍵是要保持一貫性**。你的抗凝血醫生在你每次就診時會詢問你的飲食情況，檢查你進食維生素 K 含量高的食物的情況。

維生素 K 含量低的食物和飲料不會對華法林產生影響。這些影響包括麵包和穀物、肉類、奶製品、水果和果汁、清涼茶和紅茶（綠茶屬例外）、咖啡和可樂。

如果你打算改變飲食，請致電抗凝血診所，以便可以更密切地監控你的 INR 狀況。

維生素 K 含量高的食物

在飲食方面，最重要的是盡可能**保持一貫性**，切勿對維生素K含量高的食物的進食量作出重大改變。如果對飲食方面有任何疑問，可以要求與營養師談談。

這裡有一份維生素 K 含量高的食物列表：

- 蘆筍
- 甜菜葉
- 西蘭花
- 抱子甘藍
- 白菜
- 芹菜
- 包心菜沙拉
- 羽衣甘藍
- 帶皮黃瓜
- 蒲公英嫩葉
- 萵苣菜
- 芥蘭
- 萵苣、牛油或卷心萵苣
- 人造黃油
- 蛋黃醬
- 芥菜
- 油類：蓖麻、橄欖、大豆
- 秋葵
- 蔥
- 歐芹
- 豆類
- 梅類
- 南瓜
- 大黃
- 泡菜
- 生的或熟的菠菜
- 綠茶
- 蘿蔔葉
- 混合蔬菜

誰應該知道我在服用華法林？

將你正在服用華法林一事告訴你去看病的所有保健醫生，這是非常重要的。告訴你的醫生、牙醫和為你抓藥的所有藥劑師。服用華法林可能會影響他們在某些醫療狀況下為你提供醫護的方法。可以考慮戴上醫療警示手鐲或項圈，以便讓急診醫護人員知道你正在服用華法林。

儘量保持飲食的一貫性。
如果你要改變飲食，應告訴醫生或抗凝血診所。
改變含維生素 K 食物的食量可能會改變你服用華法林的所需劑量。

最重要是保持飲食的一貫性。這將有助於使你飲食中維生素 K 的含量保持穩定。

有任何問題嗎？

請致電 206-598-4874

你的問題很重要。如果你有任何問題或擔心，請致電你的醫生或醫護提供機構。

UWMC 抗凝血診所：206-598-4874

SCCA 抗凝血診所：206-288-6756

懷孕了怎麼辦？

你如果懷孕了或者想懷孕，就不應該服用華法林。對於孕婦，有其他更安全的抗凝血方法。請向你的醫生、抗凝血藥劑師或護士諮詢，以便轉服另一種藥，以防止對胎兒造成傷害。

記住：

- 嚴格遵從醫囑每天在同一時間服用華法林。
- 注意觀察出血或凝塊跡象，並立即報告。
- 如果你進食時攝入的維生素 K、活動強度或服用的藥物（包括草藥、維生素、非處方藥）發生任何變化，必須通知你的醫生或抗凝血診所。
- 你如果有發燒、腹瀉、嘔吐或超過 1 天的胃口不振，必須致電你的醫生或抗凝血診所。
- 每天飲酒不超過 1 - 2 杯。
- 告訴你的所有保健醫生你正在服用華法林；隨身攜帶一張卡片，放在在錢包中；考慮購買一個醫療警示手鐲或項圈。
- 按預約時間去看醫生，否則，立即打電話重新預約。
- 若有任何疑問，致電抗凝血診所！

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Treatment with Warfarin (Coumadin)

Warfarin (Coumadin) is a medicine that is used to treat and prevent blood clots in the legs, lungs, heart, brain, and other parts of the body.

What is warfarin?

Warfarin sodium (Coumadin) is a medicine that works as an *anti-coagulant*. “Anti” means “against” and “coagulant” refers to blood clotting. An anticoagulant helps prevent clots from forming in the blood. Although warfarin is sometimes called a “blood-thinner,” it works in the liver to decrease the production of natural blood components called *clotting factors*.

Why am I taking warfarin?

Your doctor has prescribed warfarin to prevent the formation of harmful clots or to treat an existing blood clot. Blood clots may form in veins, arteries, or even within the chambers of the heart or on heart valves. Blood clots can create blocks in blood vessels and cut off the blood supply to a portion of the body. Rarely, they can break into fragments called *emboli*, and be swept along by the blood. Emboli from the veins can travel through the heart and lodge in the lung, causing a *pulmonary embolus* (PE). Emboli from the heart or arteries can cause a stroke if they lodge in the brain. Warfarin may be prescribed for the treatment or prevention of:

- *Atrial fibrillation* (heart-rhythm disturbance).
- Stroke.
- Heart attack.
- *Deep vein thrombosis* (a blood clot in a vein that leads to the heart, also called DVT) or pulmonary embolism.
- Heart-valve disease or heart-valve replacement.

Warfarin therapy requires routine blood testing of the Prothrombin Time (PT) or International Normalized Ratio (INR) to determine your dose. Doses can change often during treatment with warfarin.

How does warfarin work?

Warfarin blocks some of the ability of your liver to use vitamin K. Vitamin K is needed to make *clotting factors* that help the blood clot and prevent too much bleeding. Vitamin K is found naturally in certain foods, such as green vegetables and some oils.

Warfarin reduces the body's ability to make blood clots. It can help stop harmful clots from forming and keeps clots from getting larger, but it does not break up existing clots.

How long does it take for warfarin to work?

Warfarin begins to reduce blood clotting within 24 hours after taking the first dose. However, the full effect may take 3 to 5 days to occur. During this time, you may need to be treated with injectable heparin or a low molecular weight heparin until the full effect of warfarin has occurred.

How much warfarin should I take?

The amount of warfarin needed is different for each person. Your body's response to warfarin is monitored by a blood test called the Prothrombin Time (PT) or International Normalized Ratio (INR). Your warfarin dose is adjusted to get to your goal range for the INR based on the results of this blood test.

What are the PT and INR?

Your PT is measured in seconds. PT is the time it takes for your blood to form a clot. The INR is a way to report the PT. It is more widely used to check how your body reacts to your dose of warfarin.

Your INR is based on how much warfarin you need for your health condition. Most people have an INR of about 1.0 before they take warfarin. After they start warfarin, their goal INR range is between 2.0 and 3.0. It may be higher if you are at greater risk of forming clots.

In general, if your INR is below your target range (less than 2.0), you are at greater risk of forming clots. If your INR is above your target range (greater than 3.0), you are at greater risk of having problems from too much bleeding.

When will my blood be tested?

When you first start taking warfarin, you may need to have your blood tested twice a week. As your results become more consistent and your warfarin dose becomes stable, blood testing is usually done once a month.

How often your INR is tested will be decided by your doctor. Or, if you go to an anticoagulation clinic, the clinic pharmacist or nurse will decide how often to test your INR. **It is very important that you get your blood tested on the date and time that you are told.** If you cannot make a scheduled appointment, you must call and reschedule. Your INR must be checked often to prevent blood clots and bleeding.

Have your blood tested when you are instructed to by your doctor or by the Anticoagulation Clinic.

What are the side effects of warfarin?

Side effects from warfarin therapy do not occur very often, but bleeding is the most common. Very minor bleeding may occur even when your INR is in your goal range. This may include an increase in small bruises, or slight gum bleeding when you brush your teeth. Rarely, some people experience skin rash or loss of hair when taking warfarin. If you are experiencing something that is not normal, that you feel may be caused by your warfarin, please contact the Anticoagulation Clinic.

What are the symptoms of too much warfarin or a high INR?

The main symptom of too much warfarin or a high INR is bleeding. If you are unsure whether you are bleeding too much, call your doctor or the Anticoagulation Clinic. Your INR may need to be checked.

Minor Bleeding

You might see any of these symptoms from time to time:

- Gum bleeding while brushing teeth.
- Nosebleed.
- Easy bruising.
- More bleeding after minor cuts.
- Longer menstrual bleeding.

If your INR is too high, bleeding may occur.

Call your doctor or the Anticoagulation Clinic, or come to the hospital emergency department *right away* if you:

- Have a serious fall or hit your head.
- Have any of these symptoms of **major bleeding**:
 - Red or dark brown urine.
 - Red or black, tarry stool.
 - Vomiting or coughing up blood.
 - Severe headache or stomachache.
 - Unexplained bruising.
 - Frequent nosebleeds, bleeding gums, or unusual bleeding.
 - Any bleeding that doesn't stop or is very heavy.

What are the symptoms of too little warfarin or a low INR?

Blood clotting is a serious result of too little warfarin or a low INR. **Call your doctor or the Anticoagulation Clinic, or go to the emergency room *right away* if you have *any* of these symptoms:**

- Sudden weakness in any limb.
- Numbness or tingling anywhere.
- Visual changes or loss of sight in either eye.
- Sudden onset of slurred speech or inability to speak.
- Dizziness or faintness.
- New pain, swelling, redness, or heat in your arm, leg, or foot.
- New shortness of breath or chest pain.

When should I take warfarin?

Take your warfarin once a day, at about the same time, usually in the evening. If you have trouble remembering to take your warfarin, talk to your doctor or the Anticoagulation Clinic pharmacist or nurse.

You may take warfarin with *or* without food. It should not upset your stomach. You may also take warfarin when you take most other medicines. A daily pill box, mediset (a box that holds all your pills for 1 week) or dosing calendar can help you keep track of doses.

What should I do if I miss a dose?

Try not to miss any doses of warfarin. If you do miss a dose:

- If you remember the same day, take your warfarin later than the regular time.
- If you miss a day, call your doctor or the Anticoagulation Clinic. If you can't reach them, skip the missed dose and continue your usual dose the next day at the normal time.
- Do NOT double your dose to "catch up."
- Mark the missed dose on your calendar. Tell your doctor or nurse at your next clinic visit.

Does warfarin interact with any other medicines?

Warfarin interacts with *many* other medicines. This includes some prescription drugs, over-the-counter medicines, herbs, and vitamins. It is very important that you tell your doctor or anticoagulation clinic whenever you start or stop any medicine, herb, or vitamin. Please check even if the medicine was prescribed by another doctor! You may need more frequent INR checks to prevent interaction with warfarin.

There are some medicines that you should *never* take with warfarin. They may decrease the blood's ability to form clots and increase your risk of bleeding:

- Never take aspirin without first talking to your doctor or anticoagulation clinic. If your doctor has recommended that you take 1 aspirin a day, your daily dose should not be more than 81 mg.
- Do not take products containing aspirin such as Excedrin, Alka-Seltzer, Ascription, Bayer, Bufferin, Ecotrin, Empirin, Nyquil, and Pepto Bismol.
- Do not take ibuprofen such as Advil, Motrin, Nuprin, Medipren, Excedrin IB, Haltran, Midol 200, Pamprin-IB, naproxen (Aleve, Naprosyn, Anaprox), ketoprofen (Orudis), cimetidine (Tagamet HB), or famotidine (Pepcid AC).

If you need a medicine for mild pain relief, you can use acetaminophen (Tylenol). Limit your use of acetaminophen to no more than 2 grams a day (6 of the 325 mg tablets, or 4 of the 500 mg tablets).

If your INR is too low, clotting may occur.

Call your doctor or the Anticoagulation Clinic whenever you start or stop any prescription medicine, herbal product, or vitamin supplement.

Drug interactions with warfarin can cause changes in the INR. This can increase your risk of bleeding or clotting.

Notify your doctor or the Anticoagulation Clinic if you change the amount of alcohol that you usually drink, if there are any changes in your health, or if there are any changes in your lifestyle or activity level.

Is it safe to drink alcohol while taking warfarin?

Alcoholic beverages, in moderation, are safe while taking warfarin. This means no more than 1 drink per day and no more than 2 drinks every now and then (1 drink = 1 beer **or** 1 glass of wine **or** 1 cocktail **or** 1 shot). Drinking more than this can make your INR too high and increase your risk of bleeding.

Should I limit activities while taking warfarin?

Since warfarin increases your risk of bleeding, you should avoid activities that place you at risk of injury. Talk with your doctor or to your anticoagulation clinic pharmacist or nurse about your current activities and whether or not you should continue these while taking warfarin. Physical activities that are usually safe are walking, jogging, swimming, and gardening. It is important to let your doctor or anticoagulation clinic staff know about any *changes* in your activity level, as this may also affect your INR.

What if I get sick?

Illness changes your body's response to warfarin. Congestive heart failure, fever, flu, viral or bacterial infection, nausea, vomiting, or diarrhea can cause your INR to go up and increase your risk of bleeding. If you have any of these conditions, contact your doctor or the Anticoagulation Clinic. Please remember to call before starting an antibiotic.

Vitamin K and Warfarin

Foods that are high in vitamin K may reduce the effect of warfarin and decrease your INR. The list on the next page shows foods with a high vitamin K content. Your intake of these foods should be consistent while you are taking warfarin.

If you usually eat several servings of 1 or more of these foods each day, it is all right to keep doing that. If you usually do not eat these foods, keep doing that. **The key is to be consistent.** Your anticoagulation manager will ask you about your diet at each visit to check your intake of foods high in vitamin K.

Foods and beverages that are low in vitamin K do not influence warfarin. These include breads and grains, meat and dairy products, fruits and fruit juices, herbal and black tea (green tea is an exception), coffee, and cola.

If you are planning on changing your diet, call your anticoagulation clinic so that your INR can be monitored more closely.

Foods with High Levels of Vitamin K

The most important thing to remember about your diet is to be **as consistent as possible** and **not** to significantly change the amount of foods high in vitamin K that you eat. Ask to talk with a dietitian if you have questions about what to eat.

Here is a list of foods high in vitamin K:

- Asparagus
- Beet greens
- Broccoli
- Brussels sprouts
- Cabbage
- Celery
- Coleslaw
- Collard greens
- Cucumber with peel
- Dandelion greens
- Endive
- Kale
- Lettuce, butter or iceberg
- Margarine
- Mayonnaise
- Mustard greens
- Oils: canola, olive, soy
- Okra
- Scallions
- Parsley
- Peas
- Plums
- Pumpkin
- Rhubarb
- Sauerkraut
- Spinach, cooked or raw
- Tea, green
- Turnip greens
- Vegetables, mixed

Try to keep your diet consistent. Tell your doctor or the Anticoagulation Clinic if you change your diet. Changes in the amount of vitamin K foods you eat can change how much warfarin you need to take.

The most important thing is to keep your diet consistent. This will keep the amount of vitamin K in your diet steady.

Who should know that I'm taking warfarin?

It is very important to tell all health care providers you see that you are taking warfarin. Tell your doctors, your dentist, and all pharmacists where you have prescriptions filled. Being on warfarin may affect how they care for you in certain medical situations. Consider wearing a medical alert bracelet or necklace that will tell emergency health care providers that you are on warfarin.

Questions?

Call 206-598-4874

Your questions are important. Call your doctor or health care provider if you have questions or concerns.

- UWMC
Anticoagulation Clinic:
206-598-4874
- SCCA Anticoagulation
Clinic: 206-288-6756

What about pregnancy?

You should not take warfarin if you are pregnant or are trying to get pregnant. There are other, safer choices for anticoagulation in women who are pregnant. Talk with your doctor, anticoagulation pharmacist, or nurse so that you can switch to another medicine to prevent harm to the unborn baby.

Remember:

- Take your warfarin exactly as directed, at the same time each day.
- Look for signs of bleeding or clotting and report them right away.
- Notify your doctor or the Anticoagulation Clinic of changes in your dietary vitamin K intake, activity level, or medicines (including herbal products, vitamins, and over-the-counter medicines).
- Call your doctor or the Anticoagulation Clinic if you have a fever, diarrhea, vomiting, or loss of appetite lasting longer than 1 day.
- Limit alcohol to 1 to 2 drinks per day.
- Tell all of your health care providers that you are taking warfarin, carry a wallet card, and consider getting a medical alert bracelet or necklace.
- Keep all appointments or call promptly to reschedule.
- Call the Anticoagulation Clinic with any questions!

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