

Bronson Anticoagulation Clinic



Welcome!

Your doctor has referred you to the Bronson Anticoagulation Clinic (BACC) for your warfarin (Coumadin®) management. The healthcare providers (pharmacists and nurses) that work in this clinic have special training in anticoagulation treatment.

What is Warfarin?

Warfarin is an anticoagulant (*anti* = against, *coagulant* = clotting).

Warfarin decreases the body's ability to form a clot and prevents blood clots from forming. It keeps blood clots from growing larger. When blood clots form, they can break off and move to other parts of your body.

These clots can move to arms, legs, lungs, and even your brain. If a blood clot blocks a blood vessel, it can stop the flow of blood. This can damage tissue and even cause death.

You are taking warfarin to treat or prevent _____.

It is important to watch for signs of a clot. These signs include:

Signs of a Deep Vein Thrombosis

- Pain or tenderness in your leg or arm.
- Swelling of your leg or arm.
- Changes in skin color on your leg or arm.

Sign of a Pulmonary Embolism

- Sudden shortness of breath
- Chest pain, irregular heart beat
- Dizziness
- Coughing

Signs of a Stroke

- Sudden numbness or weakness in your face, arm, or leg.
- Sudden confusion or trouble speaking.
- Sudden blurred or decreased vision in one or both eyes.
- Sudden severe headache for no reason.

Contact Information

7890 Okaland Drive
Portage MI 49024

(269) 341-7909

Clinic Hours

Monday, Tuesday,
Thursday & Friday
7 a.m. - noon; 1 - 4 p.m.

Wednesday
7 a.m. - 6 p.m.

Outside of clinic hours, you may leave a non-urgent message. We will return your call during clinic hours. If you have an urgent need:

- Call your doctor
- Go to the emergency room
- Call 911

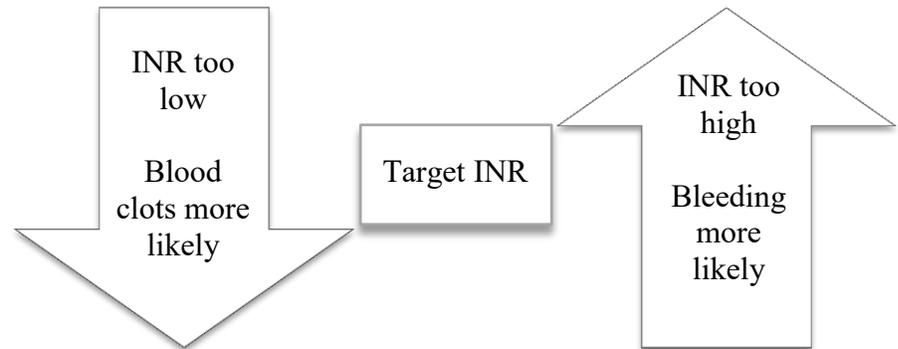
Clinic visits are by appointment only. If you can't keep your appointment, please call as soon as possible. If you miss appointments, you may not be able to be seen at the clinic.

It is important that we stay on schedule. If you are more than five minutes late, we may need to reschedule your appointment.



INR Testing

The staff will check your International Normalized Ratio (INR) by poking your finger to get a drop of blood. This checks how fast your blood clots.



Appointments are available at other sites:

2845 Capital Ave SW
Suite 302
Battle Creek, MI 49017

451 Health Parkway
Paw Paw, MI 49079

13322 N Boulevard St.
Vicksburg, MI 49097

Your target INR range is _____.

This target range is set by your doctor. Based on the results of the INR test, the staff will adjust your warfarin dose if needed. Before taking warfarin, most people have an INR of 1.0.

Adjusting your dose of warfarin helps prevent most blood clots from forming. We can also avoid the most common side effect, which is bleeding.

When you first start taking warfarin, you may need to get your blood tested one to two times a week. As your INR results become more consistent, your dose becomes more stable. You may only need to have your INR checked monthly. Changes in your health, activity, medicines or diet may require you to have more frequent INR checks.



If you miss a dose of warfarin, take it as soon as you remember.

If it is less than 12 hours until your next dose, skip that dose of warfarin and go back to your normal schedule.

If you miss a dose, write it down and report it to the BACC at your next appointment.

Never “double up” a dose or try to “catch up” missed doses.

How to Take Warfarin (Coumadin®)

Please take your warfarin as directed by the BACC. The amount of warfarin each person needs is different. The amount of warfarin you take may change, based on your INR.

It is important to take your warfarin once a day. You must take it at the same time each day. Take the warfarin at a time in the day when you are most likely to remember. Late afternoon or early evening is best. A daily pillbox can help you keep track of your dose. Never skip a dose. Never take a double dose unless you are told to do so. Do not stop taking warfarin or change the dose unless you are told to do so by your healthcare provider.

You may be asked to stop taking warfarin by your surgeon, dentist, or primary care doctor for a short time. If you do stop taking warfarin, please call us and let us know.

Tell your clinician at the BACC about any illnesses, pregnancy or breast feeding, planned surgeries/procedures.

Warfarin comes in different colors. Each color is a different strength. Make sure you are taking the right color tablet and strength. If your tablet is ever a different color or shape, check with us.

Warfarin can be taken at the same time as your other medicines. Warfarin can be taken with food or on an empty stomach.

REMEMBER...

- Get your INR checked as directed.
- Never skip a dose and never take a double dose of warfarin unless instructed by the clinicians at the BACC.
- Take warfarin at the same time each day.
- Warfarin may be taken with food and your other medicines.
- Store warfarin at room temperature and protect from light.
- Do not take warfarin if you are pregnant or allergic to warfarin.

Prescription Refills

- New or refill prescriptions for warfarin will be given to you or called to your pharmacy by your clinic healthcare provider at the BACC.
- We recommend having all of your medicines filled at the same pharmacy.



REMEMBER...

Call the BACC when you **start a new** medicine, **change a dose** of a current medicine, or **stop taking** a medicine.

This includes vitamins, antibiotics, and herbal/dietary supplements.

Other Medicines and Warfarin (Coumadin®)

Many other medicines, including prescription and over the counter medicines, vitamins, and herbal supplements, can interact with warfarin and change your INR.

Examples of Products to avoid:

- Aspirin-containing products (Bayer®, Bufferin®, Ecotrin®, Excedrin®, Alka-Seltzer®, and Pepto-Bismol®)
- Non-steroidal products (ibuprofen (Motrin® or Advil®), naproxen (Aleve®), and ketoprofen)
- Herbal supplements (St. John's Wort, ginkgo biloba, ginseng and others)

Examples of Products that can be taken safely:

- Acetaminophen (Tylenol® or Tylenol PM®)
- Contac® or Robitussin® cough syrup
- Colace®
- Maalox®, Mylanta®, and milk of magnesia
 - If you use antacids, such as Maalox® or Mylanta® for heartburn, take them at least 2 hours before or two hours after your warfarin.

Talk to your doctor/pharmacist/nurse before taking any new medication. Keep a current list of your medicines with you at all times. Tell your clinician at the BACC about all the medicines you take. Do not stop taking medicines or take anything new unless you have talked to your healthcare provider.



To decrease the risk of bleeding while on warfarin:

- Use an electric razor
- Brush your teeth using a soft bristle toothbrush
- Be very careful using knives, scissors, and tools
- Don't go barefoot
- Wear a medical ID in case of emergency
- Avoid contact sports

Possible Side Effects of Warfarin (Coumadin®)

Taken at the correct dose, side effects with warfarin are rare. However, since warfarin is an anticoagulant, bleeding is possible. Minor bleeding can occur even when your INR blood test is in the correct range. At the beginning of each office visit, inform your dentist, nurse, or doctor that you are taking warfarin. Some form of emergency medical ID is recommended.

MINOR BLEEDING - you may notice from time to time:

- Gum bleeding while brushing or flossing teeth
- Occasional nosebleed
- Easy bruising
- Bleeding after a minor cut that stops within a few minutes when pressure is applied
- Menstrual bleeding that is a little heavier than normal

MAJOR BLEEDING - Call the clinic, your doctor, or go to the emergency room if you have any of the following:

- Dark brown, pink, or red urine.
- Black tarry stools or the presence of blood after a bowel movement.
- Vomiting blood or material that looks like coffee grounds.
- Bleeding from a cut that does not stop after 20 minutes even when pressure is applied.
- Major injuries, such as a severe fall, a large cut, or a blow to the head. You need to call even if you do not see blood.
- Bleeding from the mouth, nose, or rectum.
- Large bruised areas that appear to be growing.
- "Purple toes syndrome" – painful toes that look purple or dark in color
- A sore that does not heal or has an odor.

Other possible side effects of warfarin may include: allergic reaction, liver problems, fever, swelling, rash, low blood pressure, low red blood cells, fatigue, cold intolerance, and birth defects to a developing fetus.



REMEMBER...

You do **not** have to stop eating foods containing vitamin K.

The key is **moderation** and **consistency**!

Diet and Warfarin (Coumadin®)

While on warfarin, you should eat a normal, balanced diet. Some elements of your diet may affect your INR: foods high in vitamin K, alcoholic beverages, and vitamins and nutritional supplements.

Vitamin K

Your body uses vitamin K to help with clotting. Eating large amounts of vitamin K can reduce your INR and increase your risk for clotting. The highest amount of vitamin K is found in green, leafy vegetables like broccoli, cabbage, and spinach.

The main thing to remember is moderation and consistency. If you normally eat green vegetables every week, keep eating them consistently every week. A balanced diet consisting of a variety of foods is best. Avoid “crash” diets or binge eating of any food. Foods and beverages that are high in vitamin K include:

- Asparagus
- Broccoli
- Brussel sprouts
- Cucumber or pickles (with peel)
- Drinks like Boost®, Ensure®, or V8 juice
- Kale
- Lettuce (romaine)
- Spinach
- Turnip greens
- Collard greens

Other foods and beverages can interact with warfarin as well. These can raise your INR and increase your risk of bleeding. Talk to your healthcare provider before eating or drinking large amounts of:

- Alcohol
- Grapefruit
- Cherries
- Cranberries

If you are unable to eat for several days or have ongoing stomach upset, diarrhea, or fever, inform your clinician at the BACC.