



UW Medicine



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使用华法林-Warfarin（香豆素）治疗 服用须知

本讲义为您解释当医生给您开了华法林-warfarin（香豆素 Coumadin）处方时、您须要注意的事项。

华法林是什么？

华法林（香豆素）是一种抗凝血药(anticoagulant medicine)。它英文名字当中，"anti"的意思是"抵抗"，"coagulant"指的是血液凝固。这种药有助于防止血栓的形成。虽然华法林被称为"血液稀释剂"、但实际上它是在肝脏中起作用、减少生产血液中的一种称为凝血因子的天然成分。

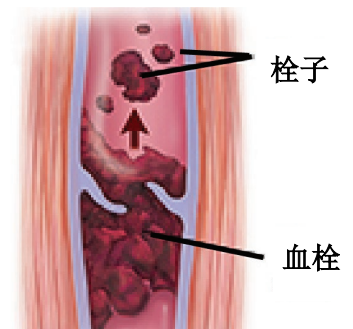
为什么我需要服用华法林？

您的医生给您开华法林的处方、是为了帮助预防有害的血栓形成或治疗现有的血栓。血栓可能会在静脉、动脉、甚至心腔内或心脏瓣膜上形成。血栓会在血管中形成堵塞，并切断身体某部分的血液供应。这些血栓可能发生在腿部、肺部、心脏、大脑和身体的其他部位。

在罕见的情况下、血栓会破裂成碎片称为栓子、并被血液卷走。来自静脉的栓子可以穿过心脏、卡在肺部、引起肺栓塞（PE）。来自心脏或动脉的栓子如卡在脑部、可能会导致中风。

华法林可以用来治疗或防范下列的病症：

- 中风
- 心脏病发作
- 深静脉血栓症(DVT)：在静脉的血栓流往心脏
- 肺栓塞(PE)：是肺部的血栓
- 房颤（心律不正）、心脏瓣膜疾病或心脏瓣膜置换术患者的血栓。



血栓可能破裂并形成栓子、移动到大脑和身体的其他部位。

华法林如何发挥作用？

华法林可以降低身体制造血栓的能力。它会阻止一些身体使用维生素 K 的能力。维生素 K 有助于身体产生血凝的凝固因子、以防止受伤后出血过多。一些食物如绿色蔬菜和某些油类都含有天然的维生素 K。

华法林可有助于阻止有害血栓的形成、并防止血栓变大。但是、它不能分解已有的血栓。

华法林需要多长时间才能发挥作用？

华法林在服用第一剂后 24 小时内开始减少血液凝固。但是、要 3 到 5 天后才能完全发挥作用。在华法林完全起效之前、您可能需要注射抗凝剂；如肝素（Heparin）、依诺肝素（Lovenox）、达肝素（Fragmin）或磺达肝素（Arixtra）。

我应该服用多少华法林？

每个人所需的华法林的剂量是不同的。我们将通过称为凝血酶时间（PT）或国际标准化比值（INR）的血液测试来监测您身体对华法林的反应。我们会根据这项测试的结果调整您服用华法林的剂量。

什么是凝血酶时间（PT）和国际标准化比值（INR）？

凝血酶时间（PT）是以秒为单位。凝血酶时间（PT）是血液形成凝块所需的时间。国际标准化比值（INR）是报告凝血酶时间（PT）的一种方式。它用于检查您的身体对华法林剂量的反应。

您服用华法林的剂量是根据您国际标准化比值（INR）而定。大多数人在服用华法林之前、国际标准化比值（INR）约为 1.0。开始华法林后、他们国际标准化比值（INR）的目标范围通常是 2.0 和 3.0 之间。如您形成血栓的风险较高、您国际标准化比值（INR）的目标范围就可能更高。

如您的国际标准化比值（INR）是；

- 低于您的目标范围下限（小于 2.0）、这通常意味着您形成血栓的风险较高

- 高于您的目标范围上限（大于 3.0）、这通常意味着您的出血风险较高

我何时需要检测血液？

刚开始服用华法林时、可能需要每周验血 2 次。当结果更一致、并且华法林的剂量也稳定时、通常每月验血一次即可。

医生会决定国际标准化比值（INR）检测的频率。或者、如您去抗凝诊所、诊所的药剂师或护士会决定检测国际标准化比值（INR）检测的频率。

非常重要的一点是必须在医生告诉您的日期和时间去验血。如不能遵守预定的预约、就必须打电话重新安排时间。我们必须经常检测您的国际标准化比值（INR）、以监测任何血栓或出血的情况。

华法林有那些的副作用？

华法林的副作用并不经常发生。出血是最常见的。即使您的国际标准化比值（INR）在目标范围内、也可能发生非常轻微的出血。您可能会增加小的瘀伤、或刷牙时牙龈轻微的出血。罕见的是有些人在服用华法林时出现皮疹或脱发。如您有不正常的症状、您觉得可能是由您的华法林引起的、请致电抗凝科门诊。

轻微出血的情况

您可能时常会看到这些症状：

- 刷牙时牙龈出血
- 出鼻血
- 容易瘀青
- 有点小伤口时出血较多
- 月经出血时间较长

何时需要打电话给医生

如有以下情况请致电您的医生或您的抗凝门诊、或立即去急诊室：

- 严重摔伤或撞到头部
- 发生下列这些大出血的情况：
 - 红色或深褐色尿液
 - 红色或黑色、类似柏油样的大便

- 呕吐或咳血
- 头痛或胃痛
- 原因不明的瘀伤
- 经常出鼻血或牙龈出血、或其他异常出血
- 任何出血不止或出血量较多

华法林过量或国际标准化比值（INR）过高有什么征兆？

华法林过量或国际标准化比值（INR）过高的主要标志是出血。如您不确定自己是否出血过多、请致电您的医生或抗凝科门诊。我们可能需要检查您的国际标准化比值（INR）。

华法林过少或国际标准化比值（INR）过低有什么征兆？

血栓的形成是华法林过少或国际标准化比值（INR）过低而导致的严重后果。

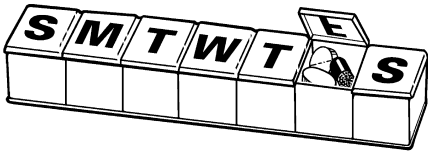
何时需要与诊所联系

如有以下症状、请致电您的医生或抗凝门诊、或**即刻**去急诊室：

- 突然手臂或腿部无力
- 任何地方麻木或刺痛
- 视力改变或任何一边的眼睛失明
- 突然口齿不清或说不出话来
- 感到头晕或昏厥
- 手臂、腿部或脚部出现新的疼痛、肿胀、红肿或发热。
- 新的呼吸急促或胸痛

应该在什么时候服用华法林？

每天在同一时间服用一次华法林。我们建议在晚上或睡前服用、因为您是在白天测试国际标准化比值（INR）。如需要调整剂量、就可以很容易地在当天开始。



请试用每日药盒、有助于跟踪服用药物

如何服用华法林？

可以在吃或不吃食物的情况下服用华法林。它应该不会导致胃部不适。也可以在晚间或睡前服用其他药物时服用华法林。

如我错过了一次剂量应该怎么办？

请与医生或抗凝治疗师讨论如何帮助您记住服用华法林、尽量**不要错过**服用华法林。

请试用**每日药盒**、有助于跟踪服用药物（可放一周内所有药片的盒子）或采用剂量日历。如有困难、请咨询诊所药剂师或护士。

如您错过了一个剂量：

- 如您当天就发觉错过了服药、就可以补服用华法林，虽然比平常迟服了。
- 如错过了一天、请致电医生或抗凝门诊。如无法联系到诊所、请跳过错过的剂量、并在第二天的正常时间服用常用剂量。
- **请勿**为了 "追加" 而加倍服药
- 在日历上标明错过的剂量。下次就诊时告诉医生、药剂师或护士。

华法林与其他药物会起相互作用吗？

华法林与许多其他药物有相互作用。这包括一些处方药、非处方药、中草药及维生素。每当开始或停止服用任何药物、中草药或维生素时、务必告诉医生或抗凝门诊。即使是其他医生开的处方、也请先通知核对！可能需要更频繁地测试国际标准化比值（INR）、以防止出现问题。

有些药物是**绝对**不能与华法林一起服用。它们可能会降低形成血栓的能力并增加出血风险：

- 在未与医生或抗凝门诊沟通前、**切勿**服用阿司匹林。如医生要求每天服用 1 片阿司匹林、则每日剂量不应超过 81 毫克。
- 切勿服用：
 - 含有**阿司匹林（aspirin）**的非处方产品。这些产品包括 Alka-Seltzer、Ascription、Bayer、Bufferin、Ecotrin、Empirin、Excedrin、Nyquil、Pepto Bismol 等。

- 含有布洛芬 (**ibuprofen**) 的非处方产品。这些产品包括 Advil、Motrin、Nuprin、Medipren、Excedrin IB、Haltran、Midol 200、Pamprin-IB 等。
- 含有萘普生 (**naproxen**) 的非处方产品。这些产品包括 Aleve、Naprosyn、Anaprox 等。
- 西咪替丁 (Tagamet HB) 或法莫替丁 (Pepcid AC) 。

如需要缓解轻度疼痛、可以服用对乙酰氨基酚-acetaminophen (泰诺-Tylenol)。对乙酰氨基酚的用量限制在每天不超过 2 克 (325 毫克片剂 6 片, 或 500 毫克片剂 4 片)。

服用华法林时饮酒安全吗?

如想在服用华法林时饮酒、请**每天只饮用 1 杯酒**、偶尔不超过 2 杯:

- 1 杯 = 1 杯啤酒 **或** 1 杯葡萄酒 **或** 1 杯鸡尾酒 **或** 1 小杯烈酒

高于这个量会使国际标准化比值 (INR) 过高。增加出血的风险。

服用华法林期间应限制活动吗?

由于华法林会增加出血风险、因此应避免涉及有受伤风险的活动。

- 与医生或抗凝门诊药师或护士讨论您目前的活动。询问是否应该在服用华法林时继续这些活动。一般来说安全的活动是散步、慢跑、游泳和园艺。
- 如活动量有任何**变化**、请告诉医生或抗凝门诊的工作人员、因为这也可能影响国际标准化比值 (INR)。

如我生病了怎么办?

生病时、会改变身体对华法林的反应。如果有梗塞性心力衰竭、发烧、流感、病毒或细菌感染、恶心、呕吐或腹泻; 国际标准化比值 (INR) 会升高、出血的风险也会增加。

如发生这些状况、请致电医生或抗凝门诊。在开始使用抗生素之前、请记得打电话。

维生素 K 和华法林

含有高维生素 K 的食物可以降低华法林的作用、降低国际标准化比值（INR）。第 7 页的列表显示了维生素 K 含量高的食物

在服用华法林期间、可以吃列表上的食物、但关键是要保持一致。如平常每天吃几份这些食物、请继续这样吃。如平常不吃这些食物、就继续不吃。在每次门诊时、我们都会询问所吃高维生素 K 的食物的份量。

维生素 K 含量低的食物和饮料不会影响华法林。这些包括面包和谷类、肉类和乳制品、水果和果汁、草药和红茶（绿茶除外）、咖啡和可乐。如对吃什么有疑问、请与营养师交谈。

请注意；吃的食物种类要**尽量一致**。不要大幅度地改变高维生素 K 食物的数量。如计划改变平时的饮食习惯、请致电抗凝门诊、以便我们能更密切地监测国际标准化比值（INR）。

含有大量维生素 K 的食物

这些食物含有大量的维生素 K

- 芦笋
- 西兰花
- 球芽甘蓝
- 卷心菜、凉调卷心菜、酸菜
- 绿色蔬菜: 甜菜、羽衣甘蓝、蒲公英、苦苣菜、甘蓝、芥菜、萝卜。
- 绿茶和乌龙茶
- 青葱和大葱
- 生菜: 生菜、黄油、绿叶、红叶、罗马菜
- 秋葵
- 香菜
- 豌豆、黑豆
- 菠菜
- 菠菜面条
- 瑞士菜
- 西洋菜

含有高维生素 K 的营养补品

维生素 K 也可能存在于：

- 某些多种维生素补剂
- 某些液体营养补充剂，如 Ensure 和 Boost。

其他食品



考虑佩戴医疗警示手镯或项链、它们就会让紧急医疗服务提供者知道您正在服用华法林。

如我们大量食用含有适量维生素 K 的食物、它们就会成为大量维生素 K 的来源。包括一些我们可能一次吃很多的食物、如蓝莓、猕猴桃、开心果、李子、西梅、大黄等。

谁应该知道我正在服用华法林？

告诉您所有的医疗服务提供者您正在服用华法林是非常重要的。请告诉医生、牙医和所有为您配制处方的药剂师。在某些情况下、服用华法林可能会影响他们对您的护理方式。

考虑佩戴医疗警示手镯或项链、它们就会让紧急医疗服务提供者知道您正在服用华法林。

怀孕了怎么办？

如您已怀孕或正试图怀孕，请勿服用华法林。因为有其他类型的抗凝药物对孕妇更安全。请与医生、抗凝药师或护士交谈、以便换用其他药物、避免对胎儿造成伤害。

请注意：

- 请严格按照医嘱服用华法林、每天在同一时间服用
- 注意出血或凝血的迹象。如发生必须立即报告您的医护人员
- 告诉您的医生或您的抗凝门诊关于以下方面的任何变化：
 - 吃了多少含高维生素 K 的食物
 - 活动水平
 - 所服用的药物：包括处方药、中草药产品、维生素和处方药
- 如发烧、腹泻、呕吐或食欲不振超过 1 天、请致电您的医生或抗凝门诊
- 每天限饮 1 至 2 杯酒（见第 5 页）
- 告诉您所有的医疗服务提供者您正在服用华法林
- 随身携带放在皮夹里的德华法林小卡。考虑佩戴医疗警示手镯或项链
- 遵守所有的医疗门诊预约、或及时打电话重新安排时间
- 如有任何疑问、请致电抗凝门诊！

您有疑问吗？

我们很重视您的提问、如有疑问或顾虑、请致电您的医疗提供者。

抗凝门诊：

- 华大蒙特湖院区 UWMC - Montlake: 206.598.4874
- 华大西北院区 UWMC - Northwest: 206.668.1282
- 西雅图癌症中心 Seattle Cancer Care Alliance: 206.606.6756
- 海景医疗中心 Harborview Medical Center: 206.744.2976

UW Medicine



Treatment with Warfarin (Coumadin)

What to expect

This handout explains what to expect when your doctor prescribes warfarin (Coumadin).

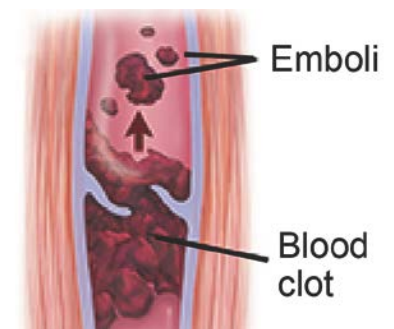
What is warfarin?

Warfarin (Coumadin) is an *anticoagulant* medicine. “Anti” means “against” and “coagulant” refers to blood clotting. This medicine helps prevent blood clots from forming. Even though warfarin is called a “blood-thinner,” it actually works in the liver to decrease the production of natural parts of the blood called *clotting factors*.

Why am I taking warfarin?

Your doctor has prescribed warfarin to help prevent 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. These clots may occur in the legs, lungs, heart, brain, and other parts of the body.

Rarely, blood clots can break into pieces called *emboli*, and be swept along by the blood. Emboli from the veins can travel through the heart and get stuck in the lung, causing a *pulmonary embolus* (PE). Emboli from the heart or arteries can cause a stroke if they lodge in the brain.



A blood clot can break apart and form emboli that move into other areas of the body.

Warfarin may be used to treat or prevent:

- Stroke
- Heart attack
- *Deep vein thrombosis* (DVT), a blood clot in a vein that leads to the heart
- *Pulmonary embolism* (PE), a blood clot in the lung

- Blood clots in patients with *atrial fibrillation* (irregular heart beat), heart valve disease, or heart valve replacement

How does warfarin work?

Warfarin lowers your body's ability to make blood clots. It does this by blocking some of your ability to use *vitamin K*. This vitamin helps your body make *clotting factors* that help your blood clot and prevent too much bleeding after injury. Vitamin K is found naturally in certain foods, such as green vegetables and some oils.

Warfarin 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. But, the full effect may take 3 to 5 days to occur. Until the warfarin is in full effect, you may need to be treated with an injectable anticoagulant such as heparin, enoxaparin (Lovenox), dalteparin (Fragmin), or fondaparinux (Arixtra).

How much warfarin should I take?

The amount of warfarin needed is different for each person. We will monitor your body's response to warfarin with a blood test called the *Prothrombin Time (PT)* or *International Normalized Ratio (INR)*. We will adjust your warfarin dose based on the results of this test.

What are the PT and INR?

PT is measured in seconds. PT is the time it takes for your blood to form a clot. The INR is one way to report the PT. It is 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 usually between 2.0 and 3.0. Your goal INR range may be higher if you are at higher risk of forming clots.

If your INR is:

- **Below** your target range (less than 2.0), this often means you are at higher risk of forming clots
- **Above** your target range (greater than 3.0), you are at higher risk of bleeding

When will my blood be tested?

When you first start taking warfarin, you may need to have your blood tested 2 times a week. As your results become more consistent and your warfarin dose becomes stable, blood tests are usually done once a month.

Your doctor will decide how often your INR is tested. 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 keep a scheduled appointment, you must call and reschedule. We must check your INR often to monitor any blood clots or bleeding.

What are the side effects of warfarin?

Side effects from warfarin do not occur very often. Bleeding is the most common. Very minor bleeding may occur even when your INR is in your goal range. You may have an increase in small bruises, or slight gum bleeding when you brush your teeth. Rarely, some people have a skin rash or lose their hair when taking warfarin. If you have symptoms that are not normal, that you feel may be caused by your warfarin, please call your Anticoagulation Clinic.

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

When to Call

Call your doctor or your Anticoagulation Clinic, or go to the 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
- Bad headache or stomachache
- Bruising for unknown reasons
- Nosebleeds or bleeding gums that happen often, or other unusual bleeding
- Any bleeding that doesn't stop or is very heavy

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

The main sign of too much warfarin or a high INR is bleeding. If you are unsure whether you are bleeding too much, call your doctor or your Anticoagulation Clinic. We may need to check your INR.

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

Blood clotting is a serious result of too little warfarin or a low INR.

When to Call

Call your doctor or Anticoagulation Clinic, or go to the emergency department **right away** if you have *any* of these symptoms:

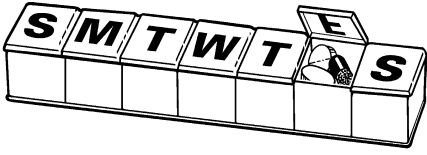
- Sudden weakness in an arm or leg
- Numbness or tingling anywhere
- Vision changes or loss of sight in either eye
- Sudden slurred speech or not being able to speak
- Feeling dizzy or faint
- New pain, swelling, redness, or heat in your arm, leg, or foot
- New shortness of breath or chest pain

When should I take warfarin?

Take your warfarin once a day, at about the same time. We advise taking it in the evening or at bedtime because you will be having your INR test during the daytime. That way, if your dose needs to be adjusted, the change can easily be made that day.

How do I take warfarin?

You may take warfarin with *or* without food. It should not upset your stomach. You may also take warfarin when you take your other evening or bedtime medicines.



Try using a mediset to help you keep track of your doses.

What should I do if I miss a dose?

Try **not** to miss any doses of warfarin.

To help keep track of doses, try using a daily pill box, *mediset* (a box that holds all your pills for 1 week), or a dosing calendar. If it is hard for you to remember to take your warfarin, talk with your doctor or the Anticoagulation Clinic pharmacist or nurse.

If you do miss a dose:

- If you remember the same day, take your warfarin later than the usual time.
- If you miss a day, call your doctor or your Anticoagulation Clinic. If you can't reach the clinic, skip the missed dose and take 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, pharmacist, or nurse at your next clinic visit.

Does warfarin interact with 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 taking any medicine, herb, or vitamin. Please check, even if it was prescribed by another doctor! You may need to have INR checks more often to prevent problems.

There are some medicines that you should **never** take with warfarin. They may decrease your 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 tells you to take 1 aspirin a day, your daily dose should not be more than 81 mg.
- Do **not** take:
 - Over-the-counter products that contain **aspirin**. These include Alka-Seltzer, Ascription, Bayer, Bufferin, Ecotrin, Empirin, Excedrin, Nyquil, Pepto Bismol, and others.
 - Over-the-counter products that contain **ibuprofen**. These include Advil, Motrin, Nuprin, Medipren, Excedrin IB, Haltran, Midol 200, Pamprin-IB, and others.

- Over-the-counter products that contain **naproxen**. These include Aleve, Naprosyn, Anaprox, and others.
- **Cimetidine** (Tagamet HB) or **famotidine** (Pepcid AC).

If you need relief for mild pain, you can take 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).

Is it safe to drink alcohol while taking warfarin?

If you want to drink alcohol while taking warfarin, have **only 1 drink a 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, avoid activities that involve a risk of injury.
- Talk with your doctor or your Anticoagulation Clinic pharmacist or nurse about your current activities. Ask if you should keep doing them while taking warfarin. Activities that are usually safe are walking, jogging, swimming, and gardening.
- Tell your doctor or Anticoagulation Clinic staff about any *changes* in your activity level, as this may also affect your INR.

What if I get sick?

When you are ill, it changes how your body responds to warfarin. If you have congestive heart failure, fever, flu, a viral or bacterial infection, nausea, vomiting, or diarrhea, your INR can go up and your risk of bleeding will increase.

If you have any of these conditions, call your doctor or your 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 lower your INR. The list on page 7 shows foods with high vitamin K levels.

While you are taking warfarin, it is OK to eat the foods on the list, but **the key is to be consistent**. If you usually eat a few servings of one or more of these foods each day, keep doing so. If you usually do not eat these foods, keep doing that. At each clinic visit, we will ask you about your intake of foods that are high in vitamin K.

Foods and drinks that are low in vitamin K do not affect warfarin. These include breads and grains, meat and dairy products, fruits and fruit juices, herbal and black tea (except for green tea), coffee, and cola. Ask to talk with a dietitian if you have questions about what to eat.

Remember to be **as consistent as possible** in the types of foods you eat. Do **not** significantly change the amount of foods high in vitamin K that you eat. If you plan to change your usual diet, call your Anticoagulation Clinic so that we can monitor your INR more closely.

Foods with High Levels of Vitamin K

These foods are high in vitamin K:

- Asparagus
- Broccoli
- Brussels sprouts
- Cabbage, coleslaw, sauerkraut
- Greens: beet, collard, dandelion, endive, kale, mustard, turnip
- Green tea and oolong tea
- Green onions and scallions
- Lettuce: bib, butter, green leaf, red leaf, romaine
- Okra
- Parsley
- Peas, black-eyed
- Spinach
- Spinach noodles
- Swiss chard
- Watercress

Nutritional Products with High Vitamin K

Vitamin K may also be found in some nutritional products:

- Some multiple vitamins
- Some liquid nutritional supplements such as Ensure and Boost

Other Foods

Foods with moderate amounts of vitamin K can become a significant source of vitamin K if we eat them in large amounts. This includes some foods that we may eat a lot of at a time, such as blueberries, kiwi, pistachios, plums, prunes, and rhubarb.



Think about wearing a medical alert bracelet or necklace that tells providers that you take warfarin.

Who should know that I am taking warfarin?

It is very important to tell **all** your healthcare providers that you are taking warfarin. Tell your doctors, your dentist, and all pharmacists who fill your prescriptions. Being on warfarin may affect how they care for you in some situations.

Think about wearing a medical alert bracelet or necklace that tells emergency healthcare providers that you take warfarin.

What about pregnancy?

Do **not** take warfarin if you are pregnant or are trying to get pregnant. There are other types of anticoagulation medicine that are safer for pregnant women. Talk with your doctor, anticoagulation pharmacist, or nurse to switch to another medicine to prevent harm to your unborn baby.

Remember:

- Take your warfarin exactly as prescribed, at the same time each day.
- Watch for signs of bleeding or clotting. Report them **right away**.
- Tell your doctor or your Anticoagulation Clinic about any changes in:
 - How many foods you are eating with high vitamin K
 - Your activity level
 - The medicines you take, including prescription drugs, herbal products, vitamins, and over-the-counter medicines
- Call your doctor or your Anticoagulation Clinic if you have a fever, diarrhea, vomiting, or loss of appetite that lasts longer than 1 day.
- Limit alcohol to 1 to 2 drinks per day (see page 5).
- Tell all of your healthcare providers that you are taking warfarin.
- Carry a wallet card. Think about wearing a medical alert bracelet or necklace.
- Keep all healthcare visits or call promptly to reschedule.
- Call your Anticoagulation Clinic if you have any questions!

Questions?

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

Anticoagulation Clinics:

- UWMC - Montlake:
206.598.4874
- UWMC - Northwest:
206.668.1282
- Seattle Cancer Care Alliance: 206.606.6756
- Harborview Medical Center:
206.744.2976