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Improving health and care in Bristol, North Somerset and South Gloucestershire

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Adult Patient Counselling Checklist – Warfarin

Attach addressograph here **Patient name:** …… **D.O.B:** …… **NHS number:** …… **Address:** ……	*The following checklist should be completed when counselling a patient on **warfarin**. Please **tick** the boxes below to indicate that information has been given to the patient. This form should be signed by the patient and the accredited member of staff providing the counselling.*

Warfarin Target INR: …… **Indication for warfarin: ……**

Counselling points	Tick
If switching from another anticoagulant: Ensure BNSSG Guidance on switching between oral anticoagulants)[8] is followed and the patient appropriately counselled on **when to stop their current anticoagulant.**	
Issue Warfarin Pack (alert card, warfarin patient information leaflet and warfarin record/monitoring book): • To be carried with patient at all times and shown to health care professionals when new medication is prescribed, or treatment given. Patient details, medication details and treatment duration must be on the alert card. (In general practice/primary care an editable anticoagulant alert card can be found on EMIS). • INR results and time-in-therapeutic range (TTR) should be recorded in warfarin record book. The latest treatment record book/form will be required when requesting/collecting a repeat prescription in the community. • Healthcare staff providing anticoagulation services can access resources via NHS Forms or Primary Care Support England (PCSE). Information on accessing resources for patients on high risks medicines (including anticoagulants) can be found on the Specialist Pharmacy Services website.	
Explain purpose of anticoagulant and indication for Warfarin: Warfarin slows the speed of blood clotting to prevent the formation of abnormal clots. Warfarin can be used for: • **Clots** – makes the blood clot more slowly and reduces risk of recurrence • **Atrial Fibrillation** – reduces the risk of stroke caused by small clots in the heart • **Artificial heart valves** – helps prevent clots on the valve Please note that warfarin is not only limited to the 3 indications listed above.	
Duration of treatment: confirm length of treatment, this will depend on the indication **It is crucial that patients are advised to continue anticoagulation for any indication until explicitly told to stop by a clinician.** For an indication of Atrial Fibrillation (AF): anticoagulant treatment will be lifelong. For an indication of Thrombosis (blood clots): • Unless clearly provoked and the trigger has resolved, most patients will require longer than 3 months of treatment. • If referring to the thrombosis clinic, please ensure that the patient remains on anticoagulation until they have been seen in clinic.	
Monitoring: • Explain importance of having blood tests and who will do them. Blood tests are important as patient needs to receive correct amount of warfarin for it to be effective.	

- Frequency of blood tests will be advised by GP/warfarin clinic (those at higher risk of bleeding may require more frequent INR monitoring).
- Patient must inform the team managing warfarin if any other medicines are started/stopped or doses are changed as this may affect INR. Patient to let warfarin clinic know when they are going on holiday so blood tests can be worked around this.
- For some patients, a Low Molecular Weight Heparin (LMWH) (e.g. enoxaparin injections) may be required to prevent blood clot formation when the INRs are subtherapeutic (lower than that needed to treat the indication).

Administration/explanation of dose:

- Explain what INR stands for - International Normalised Ratio. The blood test measures how long it takes for the blood to clot. Tell patient their INR target.
- Warfarin **dose will vary depending on INR results**.
- Explain that patient will be informed of dose change e.g., by anticoagulation clinic or GP.
- Explain not to confuse the dose in milligrams (mg) with the number of tablets to take. Explain strengths/colours of tablets and how to combine to get correct dose. Patients will usually be given initially **1 mg (brown tablets)** and **3 mg (blue tablets).** Ensure the patient knows how to make up the required dose using 1mg and 3mgs. If needed **0.5mg (500 micrograms white tablets**) and **5mg (pink tablets)** are available from their GP but are not routinely supplied to avoid confusion.
- It is recommended that warfarin is taken **at 6 pm** so that the patient can be contacted, and dose omitted or dose adjusted if INR is too high. This can be altered, if necessary, to help patient remember to take their tablets, but should always be at the same time every day.
- Take warfarin with a glass of water.

Importance of adherence: It is important that the patient continues to take warfarin as prescribed and does not miss any doses. Patient must not stop taking warfarin unless advised to do so by a healthcare professional. **Not adhering to warfarin treatment may put patient at risk of a blood clot, mini stroke or stroke which could be fatal.**

Missed doses: If a dose is missed then it can safely be taken up to 6 hours later (midnight if usually taken at 6pm). If dose(s) completely missed, then make a note in anticoagulant record book. Take normal dose the next day (do not take a double dose). Inform GP/anticoagulant clinic of missed dose(s).

If incorrect dose taken: Obtain advice immediately from pharmacist/GP/NHS 111/warfarin clinic. Record in anticoagulant record book.

Repeat prescription: The patient will be supplied with a minimum of 14 days of the 1mg and 3mg warfarin strengths if warfarin was started in hospital. The patient should obtain further supplies from GP, ensuring at least 72 hours' notice is given to process prescription. **Do not run out of tablets and always have at least a week's supply. Repeat prescriptions can be obtained from GP practice.** As a last resort option NHS 111 can be contacted for emergency supplies of warfarin if needed.

Explain common and serious side effects and when to refer:

- The most serious side effect of anticoagulants is bleeding. This can include:
  • nose bleeds • blood in vomit or coffee ground vomit • blood in sputum • blood in urine (red, pink or brown) • blood in stools (red or black) • severe or spontaneous bruising.
- Seek medical attention if patient develops bleeding side effects.
  - **Unexplained bruising – inform warfarin clinic/ team managing warfarin dosing**
  - **Single/self-terminating bleeding episode – routine appointment with GP and inform warfarin clinic**
  - **Prolonged/recurrent/severe bleeding/head injury – A&E**[1]
- If bleeding occurs/patient cuts themselves, apply pressure using a clean, dry dressing. It will take longer for bleeding to stop when taking an anticoagulant.
- Emphasise the need to seek medical attention if involved in major trauma, suffer a significant blow to the head, experience unusual or sudden severe headache, unable to stop bleeding, take too much warfarin.

Interactions with other medicines: • Always remind prescriber you are taking warfarin and check with pharmacist or doctor before buying OTC and/or online medicines, alternative medicines, herbal medicines, *certain* herbal teas or supplements (where appropriate ask about vitamin supplements as these may contain vitamin K). • Patient should check with GP or doctor to ensure any newly prescribed medication is compatible with warfarin. It may be necessary to have an earlier blood test and dose alteration while taking some antibiotics or starting new long-term medication. • **Do not take aspirin or anti-inflammatory painkillers (e.g., ibuprofen) unless advised by your doctor.**	
Inform all medical staff that they are taking warfarin: (e.g., dentist, pharmacist, doctor, nurse). If patient is having an operation or invasive procedure (including dental procedures), ensure the physician is aware they are on warfarin. Patients will need to be advised on whether the anticoagulant needs to be omitted temporarily.	
Injury: Where possible avoid risks of falls/injury. Do not take part in contact sports, minimise risk of harm from manual work. Use a soft toothbrush, electric razor and wear gloves when gardening.	
Diet: Changes in the amount of vitamin K in diet can lead to INR fluctuations. Examples of vitamin K containing foods are green leafy vegetables, chickpeas, liver, egg yolks, cereals containing bran and oats, mature cheese, blue cheese, avocado and olive oil. You do not need to avoid these foods, just keep intake consistent week to week. If there is significant change to your diet, then inform your GP/warfarin clinic. Do not take any cranberry products (e.g., cranberry juice), grapefruit juice, or pomegranate juice[2]. Patient should inform warfarin clinic if unwell and not eating as can cause INR to rise.	
Alcohol: Do not exceed national guidelines (up to 2 units/day). Drinking more than 2 units in a day increases the risk of bleeding – do not binge drink.	
Pregnancy: Inform women of childbearing age that warfarin can sometimes cause birth defects and bleeding risks for the baby. Usually, it is not recommended to take warfarin during pregnancy although for some patients who are **under the supervision of a specialist doctor** it may be appropriate. [6,7] Undertake a pregnancy test if patient is unsure if they are pregnant. Patients should use reliable contraceptives and discuss plans for future pregnancy with their doctor before trying to conceive. If the patient becomes pregnant while taking warfarin, they should immediately tell their doctor, who will advise on the best treatment options (usually, women would be using Low Molecular Weight Heparin (LMWH)).	
Breast feeding: You may breast feed while taking warfarin.[2]	
Periods: Patients may experience heavier periods, discuss with GP.	
Give patient the opportunity to ask questions: If unsure seek advice from doctor/pharmacist.	
Queries and Support: Contact details for Anticoagulation Teams: • Anticoagulant Clinic **UHBW: 0117 342 3874** • Anticoagulant Clinic **NBT: 0117 414 8405** Please note that for patients in North Somerset – INR monitoring is undertaken by the GP practice using INR Star. The **Let's Talk Clots** app shares information about blood clots including reducing risk, signs and symptoms, diagnosis and treatments. It also has guidance and support on recovering after a blood clot.	

https://thrombosisuk.org/patient-information/lets-talk-clots-app

Sign and date warfarin counselling checklist with patient/representative:

Warfarin Pack (Patient Information Leaflet, Monitoring book, Alert Card (editable anticoagulant alert card also available on EMIS GP IT system)) and counselling completed by:

Print Name:…… Signature: …… Role: ……

Date: ……/……/……..

To be completed by Patient or Guardian (where appropriate)

I confirm that I have received and understand the information in the patient information leaflet. If at any point, I am unsure about the information provided or about any other aspect of my treatment with an oral anticoagulant I will seek advice from either my doctor or pharmacist.

Print Name: …… Sign: …… Date: ……./……./……

File checklist in patient's records

References:

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2. Summary of products characteristics, 2021. *Warfarin 0.5 mg Tablets* [Online]. Available from: https://www.medicines.org.uk/emc/product/3064/smpc [Accessed 3 October 2022]
3. Thorne, R., Duane, C., 2020, V3.1. *UHBW Clinical Standard Operating Procedure Adult Oral Anticoagulation Counselling.* Unpublished. (Reference available on UHBW intranet only).
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5. Summary of products characteristics, 2022. Inhixa 15,000 IU (150mg)/1 mL solution for injection [Online]. Available from: https://www.medicines.org.uk/emc/product/9855/smpc [Accessed 25 March 2025]
6. Use of warfarin in pregnancy, 2023. UKTIS [Online] Available from: https://uktis.org/monographs/use-of-warfarin-in-pregnancy/ [Accessed 27 March 2025]
7. NHS, 2022. Pregnancy, breastfeeding and fertility while taking warfarin [Online]. Available from: https://www.nhs.uk/medicines/warfarin/pregnancy-breastfeeding-and-fertility-while-taking-warfarin/#:~:text=Warfarin%20is%20not%20recommended%20during,the%20risk%20to%20the%20baby. [Accessed 27 March 2025]