WARFARIN MANAGEMENT (VARIABLE DOSE)

****** This is intended as a guide only. ******

****** Always follow the facility's process if it differs from the below. ******

1. Warfarin is an oral anticoagulant commonly used to treat and prevent blood clots. The main side effect of warfarin is bleeding. If you're taking warfarin, you may have trouble stopping the bleeding from a cut on the hand or a nosebleed.
2. Warfarin can be ordered as a 'variable dose'. This means that the dose may change each time the resident has an INR (blood test). INRs can be done as often as daily or as seldom as every third month. People taking Warfarin should have an INR result of between 2.0 and 3.0 however some conditions (such as an artificial heart valve) require a higher INR. Always refer to the resident's individual management plan for INR level parameters.
3. Warfarin is always given in the evening.
4. There are two brands of warfarin – Coumadin and Marevan. These two brands **CANNOT BE USED INTERCHANGEABLY** as they have different formulations. **Always check to ensure you are using the correct brand of warfarin.**
5. **Warfarin is always double checked** by an RN and RN/EN.
6. **You must ensure you have a valid order.** Always check the medication chart to see you have a valid Warfarin order before administering. If you are unsure check the progress notes and/or call the doctor.
7. INR stands for International Normalised Ratio. This blood test tells you how long it takes for your blood to clot. It is used to test clotting times for people taking warfarin.
8. The day the INR is due:

- Staff need to ensure the INR blood was taken. (Please note if the INR test was not taken, staff need to follow up and reschedule the test and notify the GP).
- Follow up the INR result (look on the online pathology portal or you may need to ring the relevant pathology company for the result).
- Contact the GP to notify them of the INR result and directions for ongoing Warfarin dose. (If electronic charts are being used the GP would update the chart immediately, if paper-based medication charts the order must be taken by an RN and another nurse).
- If the INR result is outside of the resident's normal range and the GP is not available, staff must consult with another medical officer for directives.
- If the INR level is too low the resident is at increased risk of blood clots, contact the regular GP for directives. If the usual GP is unavailable, staff must consult with another medical officer for directives.
- If the INR is too high this can put the resident at risk of life-threatening bleeding contact the regular GP for directives. If the usual GP is unavailable, you may need to consult with a locum medical officer for directives.
- Please note:
    - Testing timeframes can be different for every resident and the resident's individual management plan must be followed.
    - How facilities record INR levels can also be different. Ensure you follow the procedure for the facility.

9. Document the INR result and dose given on the medication chart.
10. Always document INR result and dose given and your actions in the progress notes.

11. Residents on warfarin should be monitored closely for common **side effects**. Side effects may include:
    - Severe bleeding, including heavier than usual menstrual bleeding.
    - Red or brown urine.
    - Black or bloody stool.
    - Severe headache or stomach pain.
    - Joint pain, discomfort or swelling, especially after an injury.
    - Vomiting of blood or material that looks like coffee grounds.
    - Coughing up blood.