

Dear Anticoagulation Clinic Patient:

Recently we received a request from your doctor to monitor your warfarin medication. Warfarin is a medication that is given to patients to protect them from blood clots. When you are on warfarin, a lab test is checked frequently to make sure that the dose of warfarin that you take is working best for you.

Now that you have joined our clinic, we are sending you a few things to get oriented. Included in this packet are the following items. **Please complete all forms and send them back** via MyChart messaging system, fax them to 916-734-7402 or mail them to 3575 Business Drive, Sacramento, CA 95820.

1. The first items include a **Patient-Provider Agreement** and a **Patient Contact Information** form. The Patient-Provider Agreement explains your responsibilities as a patient in our Anticoagulation Clinic. The Patient Contact Information form asks that you fill out the name(s) of the person(s) who can take a message regarding your anticoagulant should you not be available when we call. Please also indicate if you would like us to leave messages on your answering machine or voicemail should you not be available when we call.
2. The second item is a list of **UC Davis Labs Sites** in the area. Some UC Davis labs have walk-in appointments available, and some require an appointment made ahead of time. Please call the lab to see if you are required to make an appointment ahead of time.
3. The final item is a **Warfarin (Coumadin) Information Booklet**. This booklet has some helpful information regarding patients who take warfarin.

**If you have any questions, please call us at (916) 734-8158.**

**Thank you and welcome to the UC Davis Anticoagulation Clinic.**



Anticoagulation Clinic  
916-734-8158 tel  
916-734-7402 fax

Please complete and sign the next three pages of this document. Fax, mail or send them through the MyChart Messaging System.

Thank you!

Forms to Complete:

1. Patient-Provider Agreement (2 pages)
2. Patient Contact Information (1 page)

Please send them to:

- MyChart Messaging System
- Fax: 916-734-7402
- Mailing Address:

3575 Business Drive  
Sacramento, CA 95820

MR#:

Name of Patient:

Date of Birth:

Place Label Here

## Patient-Provider Agreement for Anticoagulation Therapy

Your doctor has recommended anticoagulation therapy for you, which means that you will take a medication that helps prevent clots from forming in your blood. When used correctly and under close management, these medications help prevent blood clots from forming in your blood stream. Harmful blood clots can result in a stroke or damage to very important organs.

Your doctor has recommended that you take (check all that apply)

☐ Warfarin

☐ Other \_\_\_\_\_

These are potentially dangerous medications. When used incorrectly or without regular blood tests, they may cause serious bleeding, which can lead to death in some cases.

When used carefully and in the right dose, they are quite safe and helpful because they prevent harmful blood clots from forming. The Anticoagulation Clinic staff will monitor you closely and recommend the best dose of anticoagulant medication for you, based on your blood test results. The dose of anticoagulant medication that a person takes can vary widely, as it depends on characteristics like age, weight, and current medications.

For those patients on Warfarin, this dosage can and frequently does change over time. For these reasons, it is very important that you go to lab to have your blood test performed when requested. For patients who are on other anticoagulants, it is also important to have your blood test performed when requested, as your dose may change based on lab results.

This document is an agreement between \_\_\_\_\_ (Patient Name) and the UCDMC Anticoagulation Clinic (Clinic). The purpose of this agreement is to assure you receive the best care and to help you get the most benefit from this medication.

### **To accomplish this goal, I make the following statements below:**

- ☐ I agree to provide the Clinic with my phone number and an alternate phone number where I can be contacted.
- ☐ If the Clinic calls me, I will return the call.
- ☐ I will take my medication exactly as prescribed by the Clinic.
- ☐ If my primary care physician or any other health care provider adjusts my medication dose or type of medication, I will notify the Clinic.
- ☐ I will inform the Clinic if I need to stop taking my medication AS SOON AS POSSIBLE because I am having a medical procedure or for any other reason.
- ☐ I will inform the Clinic if I have been in the hospital recently or a skilled nursing facility.
- ☐ I will inform the Clinic about any changes that are made to any drug, herbal/alternative, or over-the-counter medication I am taking, or if I get a new prescription from my doctor.

MR#:

Name of Patient:

Date of Birth:

Place Label Here

- ☐ If I drink alcohol, I agree to use it in moderation and with consistency and report any changes in the amount I drink to the Clinic.
- ☐ Female Patients: I understand taking warfarin during pregnancy can be harmful to developing babies. I am not currently pregnant and will immediately inform the Clinic if I get pregnant.
- ☐ I will seek medical attention if I have problems such as:
  - Bleeding from the gums or nose that does not stop
  - Red or brown urine
  - Red or black (looks like tar) stools
  - Throwing up blood or anything that looks like “old coffee grounds”
  - Cuts that do not stop bleeding or bruises that grow bigger
  - Very heavy menstrual flow or other vaginal bleeding
  - Severe headaches or feeling unusually lightheaded, dizzy or weak
  - Fall and hit my head
  - Miss more than 2 doses during one week
- ☐ I understand that if I get my blood test drawn at a non-UCD lab, I must call the clinic and let them know the lab name and the date I was tested.
- ☐ I will call the Clinic if I do not get instructions 48 hours after I have a blood test.
- ☐ I will seek medical attention if I have any unexplained bleeding.

**I understand that if I do not keep the promises I have made in this agreement, or I do not follow the Clinic’s instructions, the Clinic may stop my warfarin prescription or may dismiss me from the Anticoagulation Clinic.**

**Clinic Phone Number 916-734-8158**

My signature below confirms that I have had the opportunity to review the terms of the agreement, have had any questions answered to my satisfaction and agree to ALL of the above requirements to receive anticoagulation management at UCDMC.

\_\_\_\_\_  
Patient Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Anticoagulation Clinic Pharmacist Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Interpreter Signature (if necessary)

Date: \_\_\_\_\_



Anticoagulation Clinic  
916-734-8158 tel  
916-734-7402 fax

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

## Patient Contact Information

Please list the name(s) of anyone who is allowed to take a message regarding your anticoagulation lab results and dosing information should you not be available when we call.

Please also indicate if you would like us to leave messages on an answering machine or voicemail regarding your anticoagulation lab results and dosing information should you not be available when we call.

Name of Person	Relationship to Patient	Phone Number	OK to leave lab results and dosing information on answering machine or voicemail
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
Patient initials

**Declination:** No, please DO NOT leave messages on an answering machine or voicemail and DO NOT speak to anyone other than me regarding my anticoagulation lab results and dosing information.

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

**Auburn****3200 Bell Rd., Auburn 95602**

Monday – Friday  
By appt. only 7:00 a.m. – 12 p.m.  
Walk-ins only 12 p.m. – 5 p.m.  
Clinic Phone: 530-888-7616  
Lab Fax: 530-886-5989

**Carmichael****7551 Madison Ave., Citrus Heights 95610**

Monday – Friday 7:30 a.m. – 5 p.m.  
Clinic Phone: 916-904-3000  
Lab Phone: 916-904-3069  
Lab Fax: 916-863-2963

**Davis****2660 W. Covell Blvd., Davis 95616**

Monday – Friday 7:30 a.m. – 5 p.m.  
Clinic Phone: 530-747-3000  
Lab Phone: 530-747-3055  
Lab Fax: 530-747-3062

**Elk Grove****8110 Laguna Blvd., Elk Grove 95758**

Monday – Friday 7 a.m. – 5 p.m.  
Clinic Phone: 916-683-3955  
Lab Fax: 916-683-3994

**Folsom****271 Turnpike Dr., Folsom 95630**

Monday – FridayClinic 7 a.m. – 5 p.m.  
Phone: 916-985-9300  
Lab Fax: 916-355-1465

**Rancho Cordova****3201 Data Dr., Rancho Cordova 95670**

Monday – Friday 8 a.m. – 5 p.m.  
Clinic Phone: 916-851-1440  
Lab Phone: 916-851-1440  
Lab Fax: 916-858-1341

**Rocklin****550 West Ranch View Rd., Ste. 1100, Rocklin 95765**

Monday – Friday 7 a.m. – 5 p.m.  
Clinic Phone: 916-295-5700  
Lab Phone: 916-295-5800  
Lab Fax: 916-295-5806

**Roseville****1620 E. Roseville Pkwy., Ste. 200, Roseville 95661**

Monday – Friday 7:00 a.m. – 5 p.m.  
Lab Phone: 916-783-7109  
Lab Fax: 916-703-7981

**Sacramento  
Comprehensive Cancer Center****4501 X St., Ste. 1013, Sacramento 95817**

Monday – Friday 8 a.m. – 5 p.m.  
Lab Phone: 916-734-5985  
Lab Fax: 916-451-8750

**Cypress Building****2221 Stockton Blvd., Sacramento 95817**

Monday – Friday 8 a.m. – 5 p.m.  
Lab Phone: 916-734-2876  
Lab Fax: 916-734-3199

**Glassrock Building****2521 Stockton Blvd., Ste. 2300, Sacramento 95817**

Monday – Friday 8 a.m. – 5 p.m.  
Lab Phone: 916-734-1152  
Lab Fax: 916-734-1155

**Lawrence J. Ellison  
Ambulatory Care Center (ACC)****4860 Y St., Ste. 1500, Sacramento 95817**

Monday – Friday 7 a.m. – 5 p.m.  
Saturday, Sunday 7 a.m. – 3 p.m.  
Lab Phone: 916-734-6200  
Lab Fax: 916-734-6202

**Midtown****3160 Folsom Blvd., #1900, Sacramento 95816**

Monday – Friday 7:30 – 5:30 pm  
Lab Phone: 916-731-1810  
Lab Fax: 916-456-4621

**Call 916-734-7373 (press option 1) to schedule an appointment for one of the following services.**

- Glucose Tolerance testing at Lawrence J. Ellison Ambulatory Care Center (ACC)
- Semen Evaluation at the Comprehensive Cancer Center
- Sweat Chloride testing at the Glassrock Building
- Emergency SESP Phlebotomy Services

# **Warfarin** **(Coumadin®)**

## **Hours of Operation:**

**Monday – Friday 8:00 a.m. – 4:45 p.m.**

**(Closed 12:00 1:00 p.m. for lunch)**

***\*Closed on weekends and university holidays.***

**Anjlee Mahajan, MD – Clinic Director**

**Heather Martin, PharmD, BCACP, CDCES- Clinic  
Supervisor**

## **INTRODUCTION**

You have been started on the medication warfarin (Coumadin®). While you are on this medication you will need to be monitored carefully. You will need to have regular blood tests and notify your health care provider of any questions. Your health care provider will work with you to keep you safe and healthy while you are taking warfarin.

The more you know about this medication, the better team you and your health care provider will make together. Please take some time to read all the information in this booklet.

## **WHAT IS WARFARIN (COUMADIN®)?**

Warfarin is an anticoagulant. “Anti” means against, and “coagulant” means clotting. Sometimes this drug is called a blood thinner. An anticoagulant helps to prevent clots from forming in the blood.



## **WHY YOU NEED TO TAKE WARFARIN?**

Your body forms blood clots to help you stop bleeding. Sometimes your body may make a blood clot that you do not need. Blood clots may form in veins, arteries or even in the chambers of your heart or on your heart valves.

Some of the conditions for which warfarin is used include:

- Antiphospholipid syndrome
- Atrial fibrillation (AFib) / stroke prevention
- Deep vein thrombosis (DVT)
- Heart attack
- Heart valve replacement
- Hip or knee replacement
- Peripheral vascular disease (PVD)
- Pulmonary embolus (PE)

Always take your pills as directed. The amount of warfarin each person needs is different and is based on a blood test called an INR (International Normalized Ratio). The amount of medication you take may change over time, based on this blood test. Warfarin needs to be taken at the same time, usually in the evening. If you miss a dose, take it as soon as you remember the same day. If you don't remember until the next day, skip the missed dose and call your health care provider for further instructions.

## **BLOOD TESTS**

When you start taking warfarin you may need a blood test every day for a few days. Once your healthcare provider finds the dosage that is right for you, the blood tests will be less frequent.

The INR test measures how fast your blood is clotting and lets the doctor know if your dosage should change. If your blood test is too high, you might be at risk for bleeding problems. If it is too low, you might be at risk for forming clots. Your doctor has determined what the best INR Goal Range is for you. Because your dose is based on the INR blood test, it is very important that you get your blood tested when you are advised to.

**My INR Goal Range is \_\_\_\_\_**

## WHAT ARE THE POSSIBLE SIDE EFFECTS?

Side effects with warfarin are not common, but bleeding is the most common. Very minor bleeding may occur even when your INR blood test is in your goal range.

This may include:

- Small bruises
- Slight gum bleeding when brushing teeth
- Occasional nosebleed
- Bleeding after a minor cut that stops within minutes

If you are experiencing something abnormal that you feel may be caused by your warfarin, please contact your health care provider.

Major bleeding includes:

- Red, dark, coffee colored urine
- Bowel movements that are red or look like tar
- Bleeding that does not stop after 15 minutes
- Vomit that is coffee colored or bright red
- A serious fall
- Any time you are hit on the head

**IF YOU EXPERIENCE ANY MAJOR BLEEDING  
CONTACT YOUR DOCTOR OR GO STRAIGHT  
TO THE HOSPITAL EMERGENCY ROOM.**

## DO I NEED TO CHANGE MY DIET?

It is important to eat a balanced, consistent diet while taking warfarin. Warfarin interacts with vitamin K (a vitamin found naturally in foods), so you need to keep vitamin K intake constant from day to day. Avoid sudden large increases or decreases in your intake of foods high in vitamin K (such as broccoli, cauliflower, cabbage, Brussels sprouts, spinach, and other green leafy vegetables). It is also important to avoid herbal products and dietary supplements that may affect vitamin K and warfarin unless approved by your healthcare provider.



Alcohol can also affect your warfarin, but it does not mean you must avoid all alcohol. Serious problems can occur with alcohol and warfarin if you suddenly change the amount of alcohol you drink.



## USE OF OTHER MEDICATIONS

When warfarin is taken with other medicines, it can change the way warfarin works. It is very important to talk with your doctor about all the other medications that you are taking, including over-the-counter medications, antibiotics, vitamins, or herbal products.

Some over-the-counter drugs that may affect warfarin include:

- Aspirin or aspirin containing products
- Ibuprofen (Motrin or Advil)
- Naproxen (Aleve)
- Vitamin or herbal supplements



## WHAT DOES YOUR WARFARIN (COUMADIN®) LOOK LIKE?

Tablet Strength	Tablet Color
1mg	Pink
2mg	Purple
2.5mg	Green
3mg	Tan
4mg	Blue
5mg	Peach
6 mg	Teal
7.5mg	Yellow
10mg	White



1mg   2mg   2.5mg   3mg   4mg   5mg   6mg   7.5mg   10mg

## IMPORTANT POINTS

- Take your warfarin exactly as directed
- **GET YOUR INR CHECKED AS SCHEDULED**
- Watch for signs of bleeding
- Keep your diet consistent
- Contact your Health Care Provider if you experience:
  - Difficulty breathing or chest pain
  - Cough or throwing up blood
  - A serious fall or head injury
  - Illness, fever, or infection that worsens
  - Swelling or pain
  - Weakness or dizziness
- If you miss a pill, DO NOT take an extra pill to catch up unless your Health Care Provider directs you to
- Avoid excessive alcohol use or binge drinking
- Do not make any major lifestyle changes without consulting your Health Care Provider
- **IF YOU ARE PREGNANT OR PLAN ON BECOMING PREGNANT DO NOT TAKE WARFARIN**