

Frequently Asked Questions

Q: Do I need to avoid leafy greens?

A: No! Foods that are high in Vitamin K include kale, spinach, broccoli, Brussel sprouts, and collards. These types of foods do not have to be avoided, but their consumption should be kept consistent from week to week to minimize their effects on your INR. You should inform your AMS clinician if there are any significant changes to your diet.

Q: Why do I have to take warfarin in the evening?

A: AMS clinicians prefer that patients take their warfarin in the evening so that same day changes can be made once the INR is processed. If you take your warfarin in the morning, the clinician must wait until the following day to make any dose adjustments.

Q: What does the INR mean?

A: The INR result tells us how anticoagulated your blood is. For example, an INR of 2.5 indicates that your blood is taking 2.5 times longer to form a clot than someone who is not on warfarin. For reference, a patient who is not taking warfarin generally has an INR of ≤ 1.2 .

Q: What does it mean if my INR is high / low?

A: When your INR is very low, that means that you are at a higher risk for a clotting event (like a deep vein thrombosis or stroke). If your INR is high, that means you are over-anticoagulated and at an increased risk of bleeding.

Q: I have been experiencing more nosebleeds recently. Is there anything I can do to help to prevent it or to stop it when it occurs?

A: For preventing a nosebleed you may try

- Scheduled twice daily saline nasal spray
- Utilizing a bedside humidifier
- Coating a cotton swab with petroleum jelly (Vaseline) and applying a thin coat inside each nostril

For treating an active nosebleed

- Afrin (oxymetazoline) nasal spray is available OTC at any pharmacy
- Instill 2-3 sprays to affected nostril(s) during an active bleed
- This medication promotes vasoconstriction (Shrinks Blood Vessels) to slow the bleed
- We recommend calling your clinician with any significant bleeding event.
- We consider a bleed that persists after two 15 minute attempts to stop it in an appropriate time to go to the ER.

Q: Can I get a flu shot while taking warfarin?

A: Yes, and the effect of the flu vaccine on a patient's INR is becoming better understood. Each year the strains of the vaccine change, so accurate measure of the impact is difficult. According to one study published in the Archives of Internal Medicine, it is non-conclusive on whether flu shots have an impact on patient's INRs. You may see an increase in your INR, and we may have to have you test your INR soon after receiving the injection.

Q: What is the INR test measuring?

A: When the lab runs your blood for an INR test, they first perform a prothrombin (PT) test. A substance called a reagent is added to your blood sample which causes the blood to begin clotting. The PT result is the time (in seconds) that it takes for the blood to clot.

There are several different reagents that can be used when performing this test. Since each of these reagents works a bit differently, a PT result obtained with one reagent cannot be compared to a PT result obtained with a different reagent. To account for these differences, the result of a PT test must be converted into standard units that can be compared regardless of which reagent was used, or where the patient tested. These standard units are known as the International Normalized Ratio (INR)

The INR is a standard way of reporting the time it takes for your blood to form a clot

Q: Can I drink alcohol while taking Warfarin?

A: Alcohol can affect how the blood processes warfarin. Alcohol should be limited to no more than 1-2 drinks in a 24-hour period. If you know in advance that your intake may be higher (i.e.- an upcoming event), please let your clinician know. We can give you a dose adjustment and prevent the INR from going too high.