

How to manage warfarin therapy

Philip A Tideman, Rosy Tirimacco, Andrew St John, Gregory W Roberts

Aust Prescr 2015;38:44-8

This activity was developed by Australian Prescriber based on the content of the article, which can be read in full at www.australianprescriber.com/magazine/38/2/44/8

SUMMARY

Long-term treatment with warfarin is recommended for patients with atrial fibrillation at risk of stroke and those with recurrent venous thrombosis or prosthetic heart valves.

Patient education before commencing warfarin – regarding signs and symptoms of bleeding, the impact of diet, potential drug interactions and the actions to take if a dose is missed – is pivotal to successful use.

Scoring systems such as the CHADS₂ score are used to determine if patients with atrial fibrillation are suitable for warfarin treatment. To rapidly achieve stable anticoagulation, use an age-adjusted protocol for starting warfarin.

Regular monitoring of the anticoagulant effect is required. Evidence suggests that patients who self-monitor using point-of-care testing have better outcomes than other patients.

Learning objectives

1. Know the indications for starting warfarin
2. Understand routine monitoring of warfarin therapy
3. Identify patients at risk of bleeding during warfarin therapy

Pharmacist Competency Standards

- 4.2 Consider the appropriateness of prescribed medicines
- 7.1 Contribute to therapeutic decision making
- 7.2 Provide ongoing medication management
- 7.3 Influence patterns of medicine use

These Standards are in National Competency Standards Framework for Pharmacists in Australia 2010.

Questions

Visit <http://sgiz.mobi/s3/How-to-manage-warfarin-therapy> to complete this activity

1. Which of the following conditions is not an indication for warfarin?

- a) rheumatic mitral valve disease
- b) mitral stenosis
- c) pulmonary embolism

This CPD activity should take around one hour to complete. It can be included in a pharmacist's CPD plan for two Group 2 non-accredited CPD credits. Pharmacists should self-record this activity.

To complete this Group 2 activity, you should read the article and complete the online quiz. The questions are based on the content of the article.

The correct responses will be forwarded to the email address you provide, with proof of your participation, when you electronically submit answers to the questions. There will also be space to reflect on your responses and what you have learned through this activity.

(Note that Australian Prescriber CPD activities are not accredited by the Australian Pharmacy Council.)

- d) ventricular fibrillation
- e) atrial flutter

2. The INR is used to monitor warfarin therapy. Which of the following results would be inside the therapeutic range for a patient being treated for a deep vein thrombosis?

- a) 1.5
- b) 2.5
- c) 3.5
- d) 4.5
- e) 5.0

3. Which of the following interact with warfarin? (true or false)

- a) vitamin C
- b) vitamin K
- c) rosuvastatin
- d) St John's wort
- e) beetroot

4. During routine monitoring, how long should you wait to check the INR after changing the dose of warfarin?

- a) 6 hours
- b) 12 hours
- c) 24 hours
- d) 36 hours
- e) 48 hours

5. Which of the following are contraindications to the use of warfarin? (true or false)

- a) hypertension
- b) type 2 diabetes
- c) age over 80 years
- d) congestive heart failure
- e) a history of falls

Answers will be provided via email on completion of the activity at the link above.

Published by



For a medicinewise Australia.

Independent. Not-for-profit. Evidence based.

Funded by the Australian Government Department of Health

© National Prescribing Service Limited.
ABN 61 082 034 393.

NPS Disclaimer

The information provided in this activity is intended for health professionals but is not medical advice. If you are a health professional, do not use it solely to treat or diagnose another person's medical condition. If you are not a health professional, do not use the information to treat or diagnose your own medical condition and never ignore medical advice or delay seeking it because of something herein. You must rely on your own professional skill, care and inquiries in clinical decision-making in the giving of advice to patients and/or providing treatment. Information contained in this activity must be interpreted by you having regard to the particular clinical circumstances of your patients. Medicines information about medicines changes and may not be accurate when you access it. To the fullest extent permitted by law, National Prescribing Service Ltd (NPS MedicineWise) disclaims all liability (including without limitation for negligence) for any loss, damage, or injury resulting from reliance on, or use of this activity or the information contained in it. Any references to brands should not be taken as an endorsement by NPS MedicineWise. Read our full disclaimer at www.nps.org.au/about-this-website/terms-of-use