

## Warfarin (Coumadin<sup>®</sup>) Educational Material and Consent Form

Patient name \_\_\_\_\_

Facility name \_\_\_\_\_

Name of provider conducting informed consent \_\_\_\_\_

The facts in this form will help you learn more about the drug your doctor has recommended. Please read it carefully. You will be asked to sign the last page of this form.

### Your Health Problem

You have some problems with blood clotting (also called coagulation). You need to take warfarin (also known as Coumadin<sup>®</sup>) to help fix the problem.

### The Purpose of Warfarin (Coumadin<sup>®</sup>)

Warfarin (Coumadin<sup>®</sup>) is an anticoagulant or blood thinner and its purpose is to:

- prevent and/or treat a blood clot that has formed in a blood vessel or the lungs.
- prevent and/or treat blood clots linked to certain heart conditions (such as atrial fibrillation) or replacement of a heart valve.
- help prevent blood clots that may form in blood vessels anywhere in the body, after a heart attack. These blood clots could cause a stroke if left untreated.
- lower the risk of death, another heart attack, or stroke after a heart attack.

### Risks and Common Problems

There are risks linked to this drug, which include but are not limited to:

#### **Bleeding - you could:**

- bleed from the gums or nose,
- cough up blood,
- have red or black bowel movements,
- have red or dark brown colored urine (pee), or
- have unusually heavy menstrual bleeding.

**Bruising:** You may notice you bruise easily or have small purple spots on the skin.

#### **Hair loss**

## Headache

**Poor appetite:** You may feel less hungry while taking this drug.

## Mild stomach cramps

**Hemorrhage and death:** There is the risk of hemorrhage (a large amount of bleeding that cannot be stopped) and this could cause death.

If any of the problems listed above happen to you, you may need to have more treatment.

## Other Choices

Aspirin<sup>®</sup> and Plavix<sup>®</sup> may be an alternative treatment to warfarin (Coumadin<sup>®</sup>) in some conditions such as atrial fibrillation (a fast and uneven heart beat), congestive heart failure (a condition in which the heart cannot pump enough blood) and stroke.

How well any other treatment works will depend on your specific health problem.

## More Facts

### Monitoring

Regular blood tests, called Pro Time (PT) and International Normalized Ratio (INR) tests, are required while you are taking warfarin (Coumadin<sup>®</sup>). Your doctor may change your dose after reviewing the results of these tests. **It is very important that you keep all of your appointments for testing.**

Foods high in Vitamin K may affect the way that warfarin (Coumadin<sup>®</sup>) works. You should carefully watch the amount of foods containing Vitamin K that you eat. We will give you with a list of foods that are high in Vitamin K. You should eat a healthy, **steady** diet.

**It is important to let your doctor or nurse know if you have missed any pills. They need to know exactly how many doses you have missed.**

### Safety Tips

Follow the safety tips below when taking warfarin (Coumadin<sup>®</sup>). Not doing so could be dangerous to your health.

1. Take your warfarin (Coumadin<sup>®</sup>) pill at the **same time of day, everyday.**
2. Do not take a double dose if you miss a pill.
3. If you do miss a pill, let your doctor or nurse know at your next blood test.
4. Use a soft bristle toothbrush.
5. Use an electric razor to shave.
6. Eat a regular diet. Do not eat a large amount of food high in Vitamin K.

## Patient Agreement

By signing the final page of this form, you agree that you understand the following:

- You must have regular blood tests while taking warfarin (Coumadin<sup>®</sup>).
- Missed blood tests can cause hemorrhage (bleeding) which could cause **death**.
- You must travel to the office for appointments and regular blood tests.
- If you do not show up for your blood tests, the doctor may decide to end the doctor-patient relationship. This means you would need to find another doctor to care for you.
- It is important to follow the doctor's advice, including eating a regular diet.
- You must tell the doctor or nurse about all of the medicines you are taking, including over-the-counter drugs (medicine that does not require a prescription).

## Consent to Treatment

\_\_\_\_ **Patient Initial** The first three (3) pages of this form told you the risks, likely results, other choices, and problems that could happen with warfarin (Coumadin<sup>®</sup>). If, after you have read and reviewed this form with your doctor, you do not believe that you really understand the risks, likely results, other choices, and possible problems of warfarin (Coumadin<sup>®</sup>), **do not sign the form until all your questions have been answered.**

Because of my special health problem, these extra risks have also been explained to me:

**none**  **list:**

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I have these allergies:  **none**  **list:**

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I understand all the facts given to me in the first three (3) pages of this form. I now give my consent to Dr. \_\_\_\_\_ and his/her associates to prescribe warfarin (Coumadin<sup>®</sup>) for me. I prove with my signature below that my doctor has discussed all of the facts in this form with me, that I have had the chance to ask questions, and that all of my questions have been answered.

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date and Time

### **Physician**

I confirm with my signature that I have given the patient three (3) pages of educational material and have discussed with the above-named patient the risks, likely results, other choices, and possible problems of warfarin (Coumadin<sup>®</sup>). The patient has had the chance to ask questions, all questions have been answered, and he or she has expressed understanding. Thus informed, the patient has asked that warfarin (Coumadin<sup>®</sup>) be prescribed for him or her.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date and Time