

My Responsibilities When Taking Warfarin (Coumadin®) (For Left Ventricular Assist Device (LVAD) Patients)

What are my responsibilities as a patient?

- **Know** your International Normalized Ratio (INR) target range: _____
 - If your INR is above your target range, you are at greater risk of bleeding.
 - If your INR is below your target range, you are at a greater risk of forming blood clots. Blood clots increase your risk of stroke, clotting in your pump, and surgery for a pump exchange.

- **Take** your warfarin (Coumadin®) **exactly** as prescribed.
 - Always be sure you are taking the right dose of warfarin.
 - Warfarin pills come in different colors and doses. Each tablet strength has a specific color. Please make sure you know:
 - the number of tablets to take each day
 - the milligram dose (strength) per tablet
 - the color of your prescribed tablet

- **Get** your INR blood test as instructed by your provider.
 - Blood tests are used to monitor your INR and adjust your warfarin (Coumadin®) dose if you are outside your target range.
 - Testing your blood helps your provider keep you in a safe range.
 - While you have home nursing, your INR blood test will be done in your home.
 - Once you no longer have home nursing, you may go to a local lab of your choice for your INR blood test.

- **Know** the location of the lab you will use to get your blood drawn.
 - Lab name/phone # _____

- **Be available** by phone to keep a good line of communication open with your anticoagulation provider. In the event you have a dangerously low or high INR, your provider will need to make immediate adjustments to your dose.

- **Understand** who your anticoagulation provider will be.
 - Providers with Michigan Medicine’s Anticoagulation Service will manage your care and advise you on how to take warfarin (Coumadin®). They can be reached Monday- Friday 8am to 5pm at (734) 998-6944.
 - Outside of Anticoagulation Service hours, please contact the VAD clinic at (734) 615-3068.

I have reviewed these responsibilities with my care team. I understand the information and its importance. I agree to follow these instructions under my care team’s guidance.

Patient’s signature: _____

Date: _____

Disclaimer: This document contains information and/or instructional materials developed by Michigan Medicine for the typical patient with your condition. It may include links to online content that was not created by Michigan Medicine and for which Michigan Medicine does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

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 CVC Control #1162

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Cardiovascular Center
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