

Action Blocks Vitamin K at sites of action	Pregnancy Category X Fetal Warfarin Syndrome (FWS) Developmental delays Low birth weight Poor growth	Nursing Interventions Monitor Labs: CBC & PT/INR Administer Vitamin K antidote if OD occurs Educate pt. about diet Instruct patient to eat the same amount of foods containing vitamin K every week Emaciate Patients Not DOC because the decrease protein in blood increase risk of toxicity
Indications Stroke/TIA A-fib DVT -May be used with children -Decrease dose with elderly patients	Adverse Effect Bleeding	Expected Lab values CBC no indication of thrombocytopenia PT 18-30 seconds INR 2-3
Contraindications Blood disorders Hepatic Disease GI Ulceration All above diseases + warfarin can cause fatal bleeding	Drug Interactions Increase effects of warfarin: -NSAIDS -Bactrim -PPIs Decrease Warfarin Effects: -Birth Control -Spironolactone -Haldol -H2 blockers -Aprepitant	
BLACK BOX WARNING MajoriBleeding	Administration Half-life = 24-72 hrs Remains in system 4-5 days PO at night at the same time *highly protein bound therefore absorption is heavily impacted by food and protein levels in body	



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