



## Our Staff and Services

### About Us

The Anticoagulation Management Service (AMS) at Brigham and Women's Hospital manages over 3500 patients on warfarin. We are staffed by ten pharmacists, four advanced practice pharmacy students, and one administrative assistant. Our Supervisor is Katelyn Sylvester, and we work in collaboration with our Medical Directors Dr. Jean Connors and Dr. Samuel Goldhaber. Our service has also been named a national Anticoagulation Center of Excellence.

### How to Contact the Clinic

**Phone:** (617) 264-3000

**Fax:** (617) 264-3011

**Email:** BWHAnticoag@partners.org

### Clinician Extensions

*For faster service, use your clinician's specific line*

Sally Stansbury, Jensen Varghese & Peter Collins: x 2

Gina Dube: x 3

Dave DeiCicchi: x 4

Andrea Resseguie & Dave Appel: x 5

Amy Levesque & Hilary Burke: x 6

Nick Feola & Laura Hill: x 7

General Mailbox: x 8

### Clinic Hours

Monday - Friday: 9:00 - 4:30 (lunch from 12:00 -1:00)

Voicemail is checked throughout the day

## Frequently Asked Questions

**Q: I have been experiencing more nosebleeds recently. Is there anything I can do to help?**

**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 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 INRs. You may see an increase in your INR, and we may have you test your INR soon after receiving the injection.

## WHEN TO CONTACT THE CLINIC

- 1 Unusual signs of bleeding or bruising
- 2 If you start, stop, or change any medication
- 3 Any change in diet or alcohol intake
- 4 If you miss a dose of warfarin
- 5 For any illness
- 6 If you schedule a surgery or any type of procedure
- 7 **Report to the ER or call 911 if you experience symptoms of clotting or excessive bleeding**

## Paging the Clinician On-call

### The emergency paging system

There is an AMS clinician available by pager 24/7. You will receive instructions for paging by calling the regular clinic phone number during hours when we are closed.

**This service is for true emergency situations only.**

All other questions, concerns, or requests should be left as a voicemail message that will be dealt with on the next business day.

### Appropriate times to page

- You are experiencing signs and symptoms of a clot or bleeding and want advice on what to do

### Inappropriate times to page

- You did not receive call about your INR test result
- To request a prescription refill
- To confirm the next INR test date

**Many labs do not provide same-day INR test results. If you tested but did not receive a call, please continue your current dose and follow-up with your clinician the next day.**

## Upcoming Events

### The Annual AMS Patient Seminar

Saturday April 30, 2016

8:00 -12:00pm

Brigham and Women's Hospital - Cabot Atrium  
45 Francis Street, Boston, MA

### North American Thrombosis Forum (NATF) Spring Patient Program

Wednesday April 6, 2016

4:30 - 8:30pm

Joseph B. Martin Conference Center  
77 Avenue Louis Pasteur, Boston, MA  
\$20 registration fee

### Patient self-management workshop

Ongoing

2 hour course

For patients that are using a home machine to test that would like more information on self-dosing. Contact your clinician if you are interested in this opportunity.

## I AM TAKING AN ANTICOAGULANT

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Care Provider: \_\_\_\_\_

Phone: \_\_\_\_\_

→ ANTICOAGULANT ALERT →

**Future issues will be sent electronically. Please provide your clinician with an updated email address!**

## The Warfarin Diet and Effect of Vitamin K

**Hilary Burke, PharmD, BCPS**

Many patients understand that there is a connection between vitamin K and warfarin, but do not fully understand the complex relationship. Vitamin K occurs naturally in the body, and can also be found in a variety of foods. Your liver uses vitamin K to make clotting factors that help your blood to clot. Warfarin prevents vitamin K from being converted to its active form, and stops the production of vitamin K dependent clotting factors. Warfarin works by decreasing the activity of Vitamin K, therefore lengthening the time it takes to form a clot.

While vitamin K plays a crucial role in your body's clotting process, its effects may be more widespread. Over the past decade, vitamin K has also been shown to promote calcium incorporation into bone, increasing bone mineral density and reducing fracture risk. Vitamin K may also help reduce calcification of arterial walls, thus helping to reduce the risk of atherosclerosis.

The key to keeping your INR stable and in range is to keep your vitamin K intake the same on a week-to-week basis. You do not have to avoid foods or other products that are high in vitamin K as many contain other vitamins and minerals that are part of a healthy diet. There is no specific recommendation regarding the exact amount of vitamin K to eat while on warfarin therapy, but the key is consistency. Surprisingly, research has shown that regular consumption of a modest amount of vitamin K actually helps stabilize the anticoagulant effects of warfarin. You should aim to eat the same number of servings of vitamin K-containing foods each week. Sudden increases in vitamin K intake may decrease the effect of warfarin (decrease INR) while a decreased intake may increase the effect of warfarin (increase INR). The foods that contain the highest levels of vitamin K are dark, leafy green vegetables. These include spinach, kale, collard greens, brussels sprouts, and broccoli.

While food sources are the most common, there are several other products that may interact with warfarin and alter your INR. Multivitamins, dietary supplements and nutritional shakes/bars may all contain varying amounts of vitamin K. Before making any lifestyle changes, please inform your AMS clinician to determine any possible effect on your warfarin therapy. Overall, the goal is to eat a healthy diet and maintain blood tests in your target INR range. When both these goals are met, the ideal vitamin K level has been reached.

## Clinician Spotlight:

**Dave DeiCicchi, PharmD, CACP**

**Hometown:** Hull, Massachusetts

**Education and training:** Massachusetts College of Pharmacy and Health Sciences University (MCPHSU)

**Professional experience:** I have five years of focused experience in anticoagulation therapy. I am a Certified Anticoagulation Care Provider (CACP). I also teach a Pharmacotherapeutics seminar course for pharmacy students at MCPHSU.

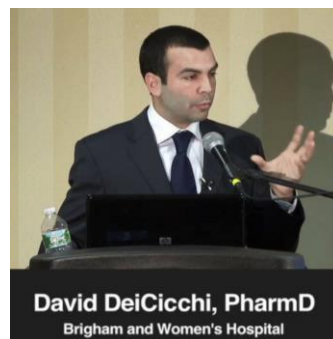
**Hobbies:** I coach children's baseball, fishing, running, hiking, guitar, and most sports.

**Research and clinic projects:** Atrial fibrillation action initiative in coordination with specialists around the world.

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***My favorite part of working at the AMS Clinic is talking with patients and building lasting relationships with them.***

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**Dave presenting at the annual AMS Patient Seminar**

### Warfarin Fact

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**DID YOU KNOW:**

**IT CAN TAKE 3-5 DAYS TO SEE THE FULL EFFECT OF A SINGLE DOSE OF WARFARIN.**

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