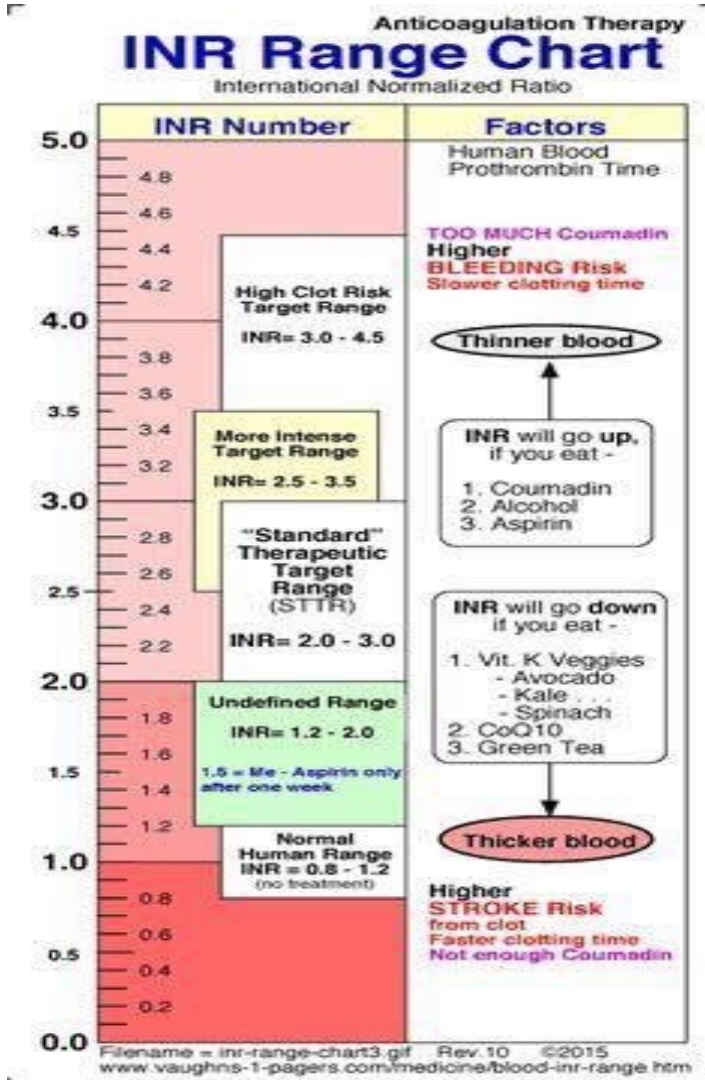


Decoding the INR chart

Interpreting PT/INR results can be confusing. For patients with a history of valve replacement or AFIB, the goal is to maintain a therapeutic range of between 2.0 to 3.0. Excessive clotting or blood that is too thick can cause a stroke while blood that is too thin makes it difficult for the body to stop bleeding after even minor cuts or abrasions.



When interpreting INR results, it is important to remember that an elevated INR level means the blood is too thin while a below therapeutic INR indicates the blood is too thick. Foods or supplements like Vitamin K, Avocado, Kale, Spinach, green tea and Coq10 can make the blood thicker (INR will go down). Drinking alcohol or taking aspirin can have the opposite affect- it can raise the INR level and make it harder for the body to stop bleeding. When educating patients that take coumadin be sure to tell them about symptoms of a high INR such as: leaking or bleeding gums, rectal bleeding or nose bleeds. Patients should be counseled to avoid shaving with razors and use soft toothbrushes as well as to report any bleeding immediately. PT/INR levels may be drawn weekly and medication adjusted according to the results. If levels have been stable for a long period of time, the physician may opt to check the PT/INR level monthly. Most patients are instructed to take their medications

at bedtime so they have time to get the lab results back in time to alter the dose for that day.

<http://emedicine.medscape.com/article/2086058>

<http://www.firststat.com/blog/entry/5-safety-tips-for-patients-on-blood-thinners>