

# Anticoagulation (Blood Thinner) Medication

## Zone Tool

### Green Zone

#### ALL CLEAR ZONE

Green Zone Means:

- No swelling
- No increase in shortness of breath
- No chest pain
- No active signs of bruising or bleeding
- Able to do all your activities
- Taking medication at the same time every day

- Your symptoms are under control
- Continue taking your medications as ordered
- Keep all physician appointments
- Refill any medications as needed

#### If taking Warfarin:

- ✓ Keep your appointments to get your INR checked
- ✓ Your diet has not changed in regards to foods high in vitamin K (such as green, leafy vegetables)
- ✓ Keep your diet consistent (If you are on Warfarin)

### Yellow Zone

#### WARNING ZONE

Yellow Zone Means:

- A nosebleed that will not stop after pressure is applied for 10 minutes
- Heavy bleeding from gums
- Bruises for no reason
- You have been ordered ANY new medication, OR you have started taking an over-the-counter medication
- You are scheduled for a procedure, surgery, or major dental work

- Call your physician or healthcare provider to evaluate
- These changes or symptoms may put you at risk of bleeding or clotting
- Your symptoms indicate you may need an adjustment in your medications
- The physician or pharmacist may adjust your blood thinner if you are ordered any other new medications

#### If taking Warfarin:

- ✓ You don't get your INR test regularly OR your results are too high or too low

### Red Zone

#### MEDICAL ALERT ZONE

Red Zone Means:

- Uncontrolled bleeding that you cannot stop in five minutes when pressure is applied
- Pink, red, or frothy sputum
- Vomit that looks like coffee grounds
- Urine that is pink, brown or red
- Stools that are dark brown, black or red
- Blurred vision in one or both eyes
- Severe stomach or back pain, headache, dizziness, fainting, or body weakness
- Experience a major accident, serious fall or hit your head (even if you don't look hurt), or have a change in memory

**Call 911** or go to the Emergency Department to seek medical attention

**Your Medication:** \_\_\_\_\_

**Your Goal INR:** \_\_\_\_\_  
(Warfarin Only)

*If you have a question about why you are on a certain blood thinner, ask your doctor.*