

Dietary Considerations

- Parents should notify physician for:
 - Significant changes in diet with foods high in Vitamin K:
 - Kale, spinach, broccoli, cauliflower, turnip greens, chick peas, brussel sprouts, green tea, soybean oil, liver (beef, pork, or chicken), soy protein products (including tofu), and vitamins A and E in large doses
 - If the patient's diet already contains these foods, **Don't Change Eating Habits**. Consistency in the daily eating pattern is key. If any of these foods are routinely consumed, adjust the medication (Warfarin) rather than adjusting the diet.
 - Be aware of Vitamin K when changing from breast feeding to formula
 - Breast milk averages 4mcg/L of vitamin K, formula averages 50mcg/L of vitamin K
 - Specialized protein hydrolysate formulas may contain higher levels of vitamin K
- CMH inpatients will have education on consistency in eating habits. Vitamin K controlled diet will be ordered to ensure consistency of vitamin K content in food while on inpatient status.
- Patients with vitamin K in TPN before or as warfarin therapy begins:
 - Establish warfarin dosing based on TPN with vitamin K included.
 - Pediatric multi-vitamin product contains vitamin K (200 mcg/5 mL); removing from TPN puts patient at risk for other vitamin deficiencies.
- Gastrointestinal illness or change in diet can affect INR.

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These guidelines do not establish a standard of care to be followed in every case. It is recognized that each case is different and those individuals involved in providing health care are expected to use their judgment in determining what is in the best interests of the patient based on the circumstances existing at the time. It is impossible to anticipate all possible situations that may exist and to prepare guidelines for each. Accordingly these guidelines should guide care with the understanding that departures from them may be required at times.

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