Supratherapeutic INR

Confirm goal INR

- 2-3 for DVT and Atrial Fibrillation Emboli Prophylaxis
- 2.5-3.5 for atrial fibrillation emboli prophylaxis, cardiac stent/mechanical valve

Not Bleeding:

INR <5	• Omit warfarin x 1 dose and restart at lower dose (10-20% decrease) • Check INR in 1-2 days
INR 5-9	• Omit warfarin x 2 doses and restart at lower dose (10-20% decrease) • Check INR in 1-2 days
INR >9	• Omit warfarin until blood test shows therapeutic range • Consider prescribing Vitamin K 1 mg PO daily (stop when INR <9) • Check INR every 1 day • Once INR therapeutic, restart warfarin at lower dose (20% decrease)

Minor Bleeding or High Risk for Bleeding:

INR <5	• Same as above
INR 5-9	• Omit warfarin x 2 doses, restart at lower dose (10-20% decrease) • Consider prescribing Vitamin K 1 mg PO x 1 dose (take same-day) • Check CBC and INR daily until INR <5
INR >9	• Omit warfarin until blood test shows therapeutic range • Consider prescribing Vitamin K 2.5 mg PO daily (stop when INR <9) • Check CBC and INR daily until INR <5 • Once INR therapeutic, restart warfarin at lower dose (20% decrease)

Refer to the ED if:

- Any INR and serious bleeding

Resources

- Warfarin: Management of Out-of-Range INRs