

## I hate the on-call critical INR

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You're standing in the horse paddock at your horse-crazy daughter's first riding lesson, when the lab calls with a critical INR. It takes 25 minutes to contact the patient and sort it all out...

Isn't it tempting just to send them to the ER?!

### **DON'T GIVE IN!**

**TIP:** Critical INRs made easy:

- If INR is 5.0-9.0 WITHOUT bleeding -> No fuss! Just hold 2 doses and decrease the weekly dose by 10-20%.
- If INR is >9.0 WITHOUT bleeding -> stop the warfarin, consider giving one dose of vitamin K 2.5 mg orally, and repeat same vitamin K dose in 24 hours if INR still greater than 9.0. Resume warfarin when INR is therapeutic and reduce weekly dose by 20%.
- If there is any bleeding with an INR >3.6, your patient needs assessment at the ER.
- Haven't been able to vitamin K in the community? Call any Shoppers Drug Mart and order vitamin K 2.5 mg (1/4 ampule) orally.

**TRICK:** We have engaged the local managers at all Greater Victoria Shoppers Drug Marts to routinely stock vitamin K for this purpose, so if you have not had any luck before now, please give it another shot next time!