

WARFARIN DOSAGE INITIATION GUIDELINES

I. Initiation of Warfarin

Initiation of warfarin should be at 5 mg/day in most patients

A starting dose of 2.5 mg should be considered for patients with any of the following risk factors:

<ul style="list-style-type: none"> •Age > 70 •Wt < 50kg •CHF (uncompensated) •Liver failure •Recent history of bleeding •Recent surgery 	<ul style="list-style-type: none"> •Hct < 30 •INR increased on admission •Patient on interacting drugs •Nutritionally depleted (NPO > 3 days) •Patients with a history of falls
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II. Contraindications

<p>The absolute contraindications to warfarin are:</p> <ul style="list-style-type: none"> • The presence of a severe or active bleeding diathesis • Non-compliance • First trimester of pregnancy. 	<p>Some relative contraindications include:</p> <ul style="list-style-type: none"> • Uncontrolled hypertension (i.e. systolic >180 mmHg, diastolic >100 mmHg) • Severe liver disease • Recent surgery involving the nervous system, spine or eye.
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III. Therapeutic INR range

<p>INR=2.0-3.0 Most indications for warfarin therapy</p>	<p>INR= 2.5 – 3.5 Prosthetic heart valves Thromboembolism when INR already 2.0 – 3.0 Patients with antiphospholipid antibody syndrome</p>
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IV. Frequency of INR Monitoring

During the induction phase, INR should be monitored every 1-3 days (initially daily if on therapeutic heparin) until the INR is in the patient's target range for two consecutive values.

INR should be performed frequently (2-3 times a week) to ensure that it remains in the patient's target range if any of the following happens: intercurrent illness, medication change (including herbal), or significant diet change.

Table 1. Nomogram for warfarin loading

5 Mg Warfarin Nomogram

Day	INR	Dosage (Mg)
1	<1.5	5.0
	>3.0	0.0
2	< 1.5	5.0
	1.5 – 1.9	2.5
	2.0 – 2.5	2.5
	>2.5	1.0
3	<1.5	10.0
	1.5 – 1.9	5.0 – 7.5
	2.0 – 2.5	2.5 – 5.0
	2.5 – 3.0	0.0 – 2.5
	>3.0	0.0
4	<1.5	10.0
	1.5 – 1.9	5.0 – 7.5
	2.0 – 3.0	0.0 – 0.5
	>3.0	0.0
5	<1.5	10.0
	1.5 – 1.9	7.5 – 10.0
	2.0 – 3.0	0.0 – 5.0
	>3.0	0.0
6	<1.5	7.5 – 12.5
	1.5 – 1.9	5.0 – 10.0
	2.0 – 3.0	0.0 – 7.5
	>3.0	0.0

Table 2. Maintenance Warfarin Adjustment Nomogram

INR	Dose Change
1.1 – 1.4	Day 1: Add 10-20% total weekly dose (TWD) Weekly: Increase TWD by 10-20% Return: 1 week
1.5 – 1.9	Day 1: Add 5-10% of TWD Weekly: Increase TWD by 5-10% Return: 2 weeks
2.0 – 3.0	No Change Return: 4 weeks
3.1 – 3.9	Day 1: Subtract 5-10% TWD Weekly: Reduce TWD by 10-20% Return: 1 week
4.0 – 5.0	Day 1: No Warfarin Weekly: reduce TWD by 10-20% Return: 1 week
>5.0	Stop Warfarin until INR <3.0 Decrease TWD by 20-50% Return daily