

Correcting Excess Anticoagulation after Warfarin

INR <5 without clinically significant bleeding: omit the next dose of warfarin and/or reduce the maintenance dose of warfarin. Do not reduce dose if INR only minimally prolonged.

INR 5 to 9 without clinically significant bleeding:

- a. Stop warfarin and monitor til therapeutic then restart warfarin at a reduced dose.
- b. Stop warfarin and give oral vitamin K 1 to 2.5 mg orally, monitor til therapeutic then restart warfarin at a reduced dose.

INR >9 without clinically significant bleeding: Stop warfarin and give 3 to 10 mg of oral vitamin K, monitor INR, repeat vitamin K at 12 hour intervals as necessary, reduced maintenance dose of warfarin when INR therapeutic.

INR >20 or significant bleeding: Stop warfarin and achieve rapid reversal with:

- a. fresh frozen plasma 2 to 3 units, more as clinically indicated
- b. vitamin K 10mg by slow IV infusion over 20-60 minutes, may repeat at 12 hour intervals
- c. ffp may be replaced by prothrombin complex concentrate or recombinant human factor VIIa depending on the urgency of the situation