

Dosage Adjustments for Patients on Warfarin Maintenance Therapy, Target 2.0 - 3.0

INR	Dosage Adjustment
< 1.5	Increase weekly dose by 20% and give one time top-up additional amount equal to 20% of weekly dose
1.5 - 1.9	Increase weekly dose by 10%
2.0 - 3.0	No change
3.1 - 3.9	No change - recheck in one week. If persistent, decrease weekly dose by 10-20%
4.0 - 5.0	Omit 1 dose; decrease weekly dose by 10-20% and recheck in 2-5 days
> 5.0	See below

Guideline for Over Anticoagulation

Clinical	Guideline
INR 5 - 8 without bleeding	<ol style="list-style-type: none"> 1. Stop warfarin 2. Test INR daily until stable 3. Restart in reduced dose when INR < 5 4. Give vitamin K 0.5 - 1 mg oral/sc, if INR fails to fall, or if there is high risk of serious bleeding
INR > 8 with minor bleeding	<ol style="list-style-type: none"> 1. Stop warfarin 2. Consider admission if clinically appropriate 3. Test INR daily until stable 4. Restart in reduced dose when INR < 5 5. Give Vitamin K 1-2 mg oral/sc
High INR and major bleeding	<ol style="list-style-type: none"> 1. Stop warfarin 2. Give Vitamin K 10 mg sc 3. Admit stat

[Interactions with warfarin](#)