



WARFARIN Dosing Schedule

Initiation Day 1 *

Patient Condition	FIRST Dose
Previously on Warfarin, no change in health status	Restart same dose if INR was in target
No high-risk conditions	5-10 mg
High Risk Conditions <ul style="list-style-type: none">• Age >60 years• Malnourishment, low BMI• CHF• Liver disease (Child-Pugh B/C)• Recent major surgery, or high bleeding risk• Taking medications known to increase warfarin activity or increase bleeding risk (amiodarone, atorvastatin, rosuvastatin, fluconazole, itraconazole, ketoconazole, voriconazole, sulfamethoxazole, aspirin >100mg/day, ciprofloxacin, levofloxacin, metronidazole, sulfasalazine, disulfiram)	≤ 5 mg

* Monitoring of INR in Hospitalized patients

- A baseline (within current admission) INR must be obtained on each patient being started on warfarin therapy.
- **Overlap warfarin with heparin or LMWH for at least 5 days and until the INR is within the therapeutic range for 2 consecutive days**
- Patients being initiated on warfarin therapy should have an INR every 24 hours.
- Stable patients (and patients with no recent changes in medications with INRs in the desired range) should be followed with an INR every 72 hours.

Long-Term Monitoring of INR

- Monthly or 2-monthly monitoring of INR is mandatory, when on warfarin therapy
- Use clinical judgment at all stages of warfarin dose modification and monitoring



WARFARIN: Dosing On Days 2-7 (INR target 2.0-3.0)

Day	INR <1.5	1.5-1.9	2.0-2.5	2.6-3.0	3.1-3.5	> 3.5
2	Continue FIRST dose					
3	1-1.5 x FIRST dose	Continue FIRST dose	0.5 – 1 x FIRST dose	0.5 x FIRST dose	0.5 x FIRST dose	0.5 x FIRST dose
4	1.5 - 2 x FIRST dose	1 – 1.5 x FIRST dose	Continue last dose	0.75 x FIRST dose	HOLD Dose	HOLD Dose
5	2 x FIRST dose	1.5 - 2 x FIRST dose	Continue last dose	0.75 x FIRST dose	0.5 x FIRST dose	HOLD Dose
6	2 x FIRST dose	1.5 - 2 x FIRST dose	Continue last dose	Continue last dose	0.75 x FIRST dose	HOLD Dose
7	2 x FIRST dose	2 x FIRST dose	Continue last dose	Continue last dose	0.8 – 0.9 x FIRST dose	0.8 x FIRST dose

WARFARIN: Dosing On Days 2-7 (INR target 2.5-3.5)

Day	INR <1.5	1.5-1.9	2.0-2.5	2.6-3.0	3.1-3.5	> 3.5
2	Continue FIRST dose					
3	1.5 x FIRST dose	Continue FIRST dose	Continue FIRST dose	0.5-1.0 x FIRST dose	0.5 x FIRST dose	0.5 x FIRST dose
4	2 x FIRST dose	1 – 1.5 x FIRST dose	Continue last dose	Continue last dose	Continue last dose	HOLD Dose
5	2.5 x FIRST dose	2 x FIRST dose	1.5 x FIRST dose	Continue last dose	Continue last dose	0.75 x FIRST dose
6	2.5 x FIRST dose	2 x FIRST dose	1.5 x FIRST dose	Continue last dose	Continue last dose	0.75 x FIRST dose
7	2.5 x FIRST dose	2.5 x FIRST dose	1.5 – 2 x FIRST dose	Continue last dose	Continue last dose	0.8 – 0.9 x FIRST dose

WARFARIN: Dosing After Week 1, until stabilization

INR Target 2.0-3.0	Warfarin Dose	INR Target 2.5-3.5
<1.5	Increase dose by 10-20% / week	<2
1.5 - 1.9	Increase dose by 10-15% / week	2.0 - 2.4
2.0 - 3.3	Continue current dose	2.5 - 3.7
3.4 - 4.0	Decrease dose by 5-15% / week	3.8 - 4.0
4.1 - 5.0	Hold 1-2 doses AND decrease dose by 10-20% / week	4.1 - 5.9
5.1 - 9.0	Hold 3 doses AND decrease dose by 15-20% / week (Vitamin K SOS)	6.0 - 9.0
>9	Hold warfarin doses AND give Vitamin K 2.5-5.0mg PO Restart when INR is 2-3 AND decrease dose by 15-20% / week	>9

Round all doses to nearest 0.5mg