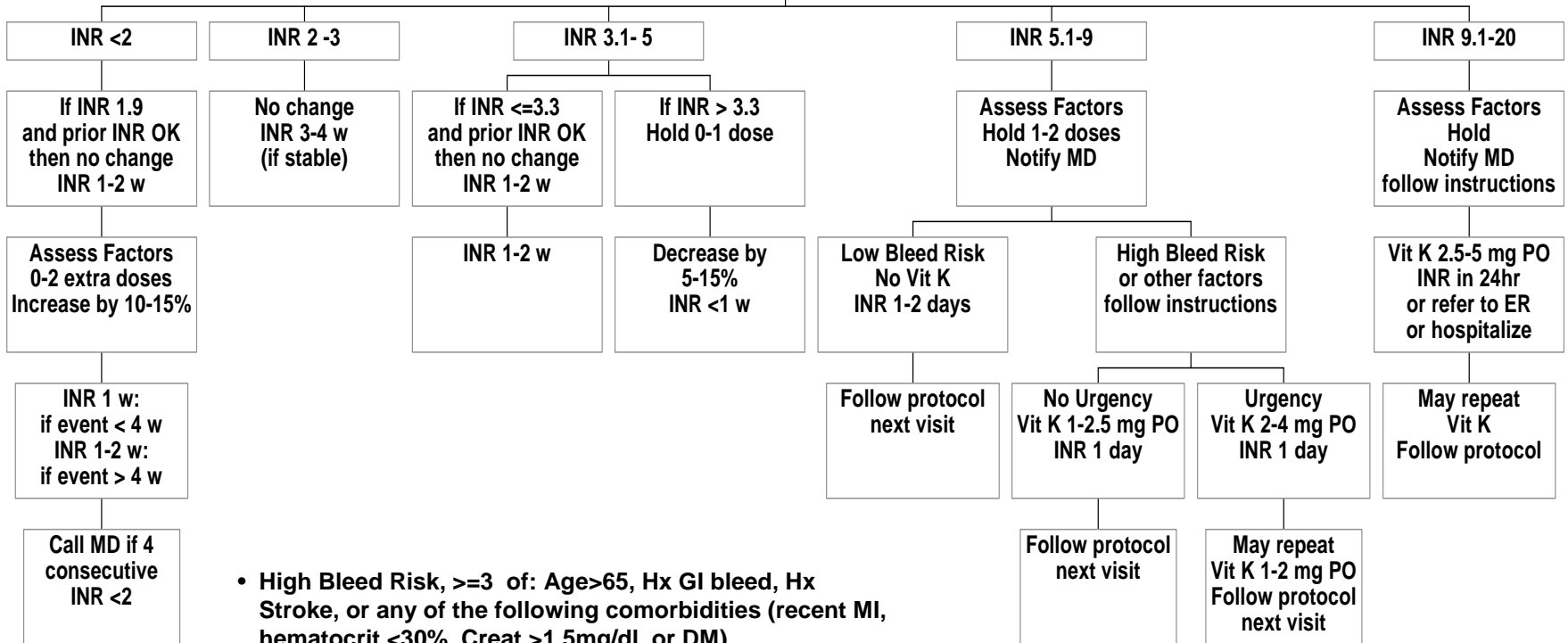


Warfarin Dosage Protocol

ECU Anticoagulation Clinic. Updated 5/18/01

**INR Goal of 2 - 3
Chronic Therapy**

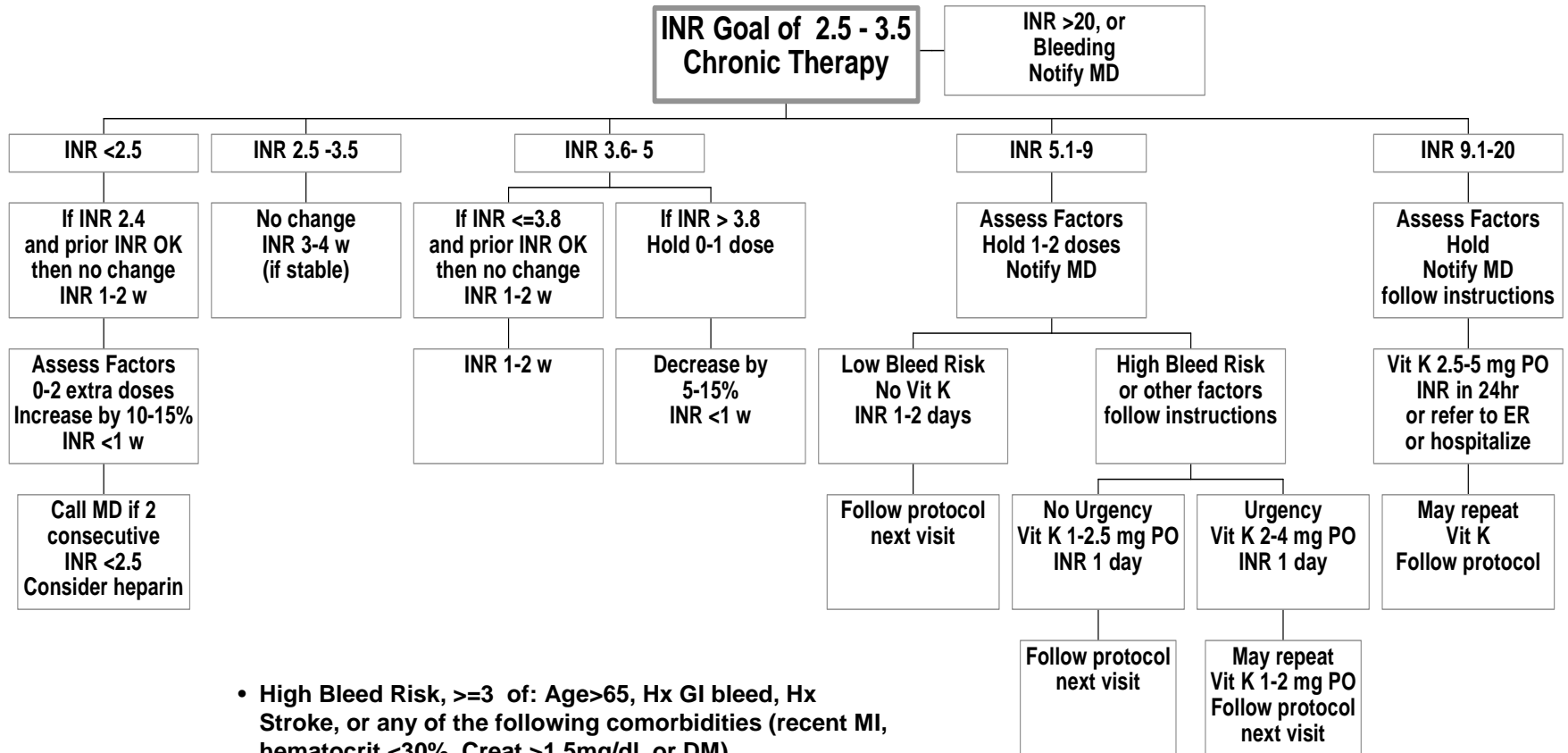
INR >20, or
Bleeding
Notify MD



- **High Bleed Risk, ≥ 3 of: Age > 65, Hx GI bleed, Hx Stroke, or any of the following comorbidities (recent MI, hematocrit < 30%, Creat > 1.5 mg/dl, or DM)**
- **Factors for high/ low INR (unstable comorbidity, absorption, medication interaction, change in metabolism, compliance, alcohol use, lab error, patient understanding)**
- **Vit K injectable form can be given PO**
- **Guidelines are not intended to replace clinician's judgement**

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Warfarin Dosage Protocol ECU Anticoagulation Clinic. Updated 5/18/01



- High Bleed Risk, ≥ 3 of: Age >65, Hx GI bleed, Hx Stroke, or any of the following comorbidities (recent MI, hematocrit <30%, Creat >1.5mg/dl, or DM)
- Factors for high/ low INR (unstable comorbidity, absorption, medication interaction, change in metabolism, compliance, alcohol use, lab error, pat understanding)
- Vit K injectable form can be given PO
- Guidelines are not intended to replace clinician's judgement

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Recommendations

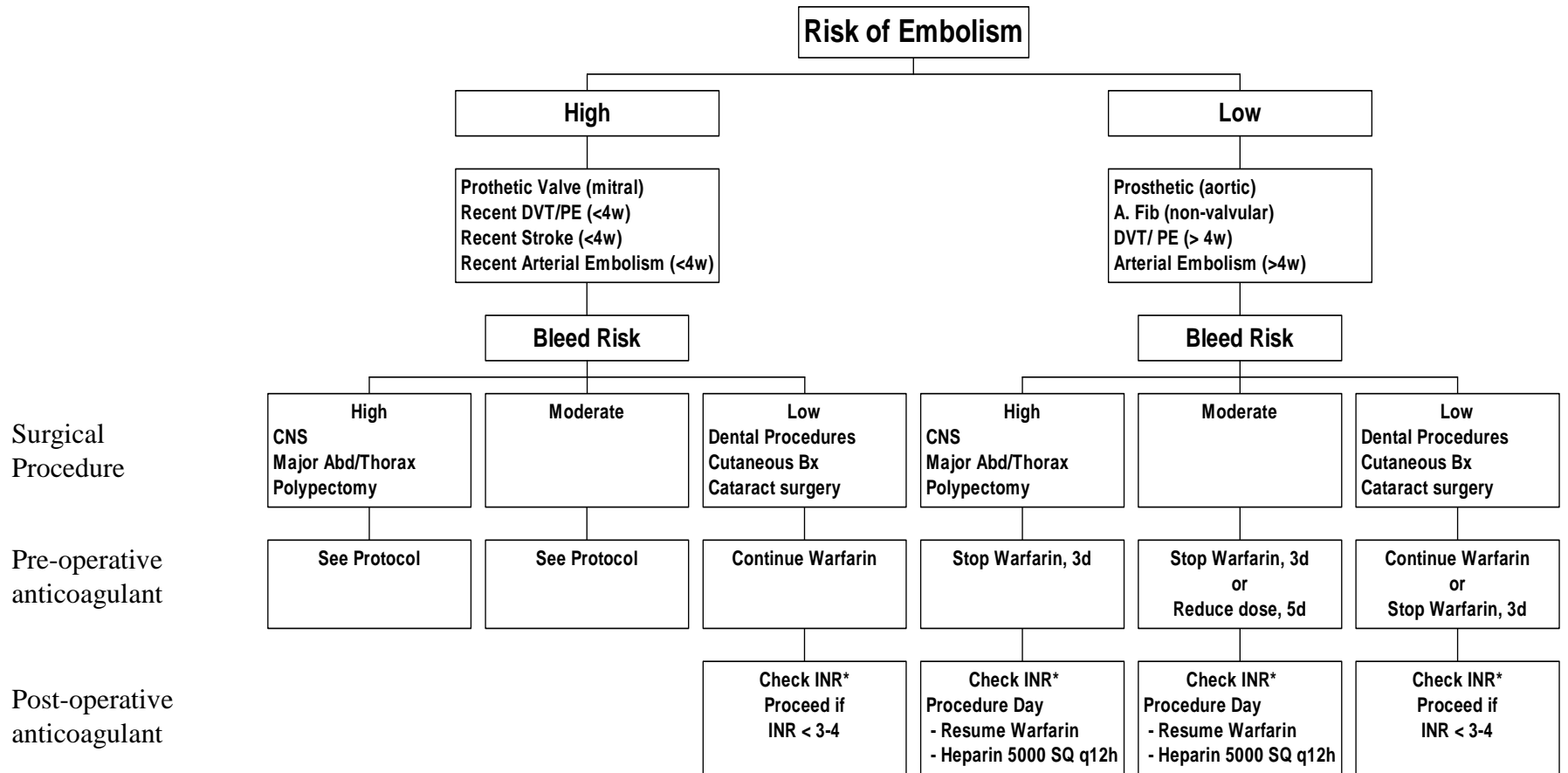
ECU Anticoagulation Clinic. Updated 7/14/00

- Stop Warfarin, 3 days prior
- Continue Warfarin, dose: _____ proceed if INR < 4
- Check INR 1 day prior to procedure
- Vit K 1mg SQ day: _____
- Heparin 5000 USQ q 12h, pre-operative
- Resume Warfarin, day of procedure dose: _____
- Anticoagulation Protocol for high risk of bleeding, moderate to high risk of thrombosis
- Follow up PT/INR < 1 week after procedure.

Patient: _____

MD Order: _____

Management Strategies for Patients on Anticoagulants who Require Invasive Procedures, 7/14/00



* 1 day prior Vit K 1 mg SQ may be required INR >1.5 or 1.8

- Kearon C, Hirsh J. Management of anticoagulation before and after elective surgery. NEJM 1997; 336: 1506-1511
- Ansell J. Managing oral anticoagulation therapy. Aspen, 1997.
- Beirno. Surgical management of patients on warfarin sodium J Oral Maxillofac Surg. 1996;54:1115-8.
- Wahlorj MJ. Dental Surgery in anticoagulated patients. Arch Int Med 1998;158:1610-6.

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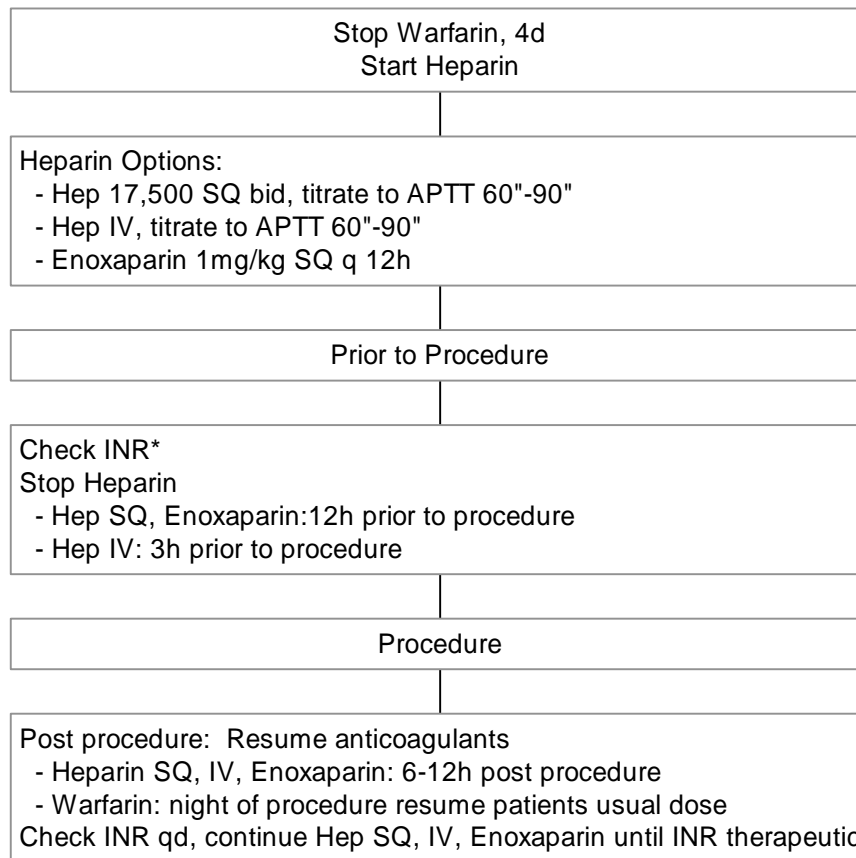
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Protocol Anticoagulation

Risk of Embolism: High

Risk of Bleeding: Moderate to High



Patient: _____

MD Order: _____

*1 day prior, Vit K Img SQ may be required if INR > 1.5 to 1.8

-Note some surgeries could be performed with an INR = 1.5 (gyn or orthopedic surgery)

- Post procedure: Heparin SQ, IV, or enoxaparin may be needed for ~3-7 days

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