Agent: Coumadin (Warfarin)

Patient Assessment: Weight, height, pulse, blood pressure, respirations, any history of bleeding or abnormal bruising, hermaturia, melena, hemoptysis, hemetemesis.

Purpose: Anticoagulation therapy is used in patients with evidence of VTE. Protime levels must be monitored to maintain therapeutic anticoagulation levels. Dosing adjustments may be made by Nurse Practitioner by utilizing the following guidelines to maintain an INR of 2.0-3.0. Patients initiating Warfarin therapy should be started on 4mg/d if the weight <80kg; or 6mg/d if weight >80kg. INR should rechecked in 72 to 96 hours. The nomogram should be referred to for further dosing adjustments.

- **Dose adjustments should be made based on the total weekly dose rather than the total daily dose.**

INR Value	Warfarin adjustment	Recheck date
1.3	Increase dose by 50%	5-7 days
1.4	Increase dose by 33%	5-7 days
1.5-1.8	Increase dose by 25%	5-7 days
1.9	Increase dose by 10%	7-14 days
2.0-2.8	No Change	14-28 days
2.9-3.1	Reduce dose by 10%	7-14 days
3.2-3.5	Reduce dose by 25%	7-10 days
3.6-3.7	Reduce dose by 33%	5-7 days
3.8-3.9	Hold x 1 day; decrease dose by 33%	5-7 days
4.0-4.4	Hold x 1 day; decrease dose by 33%	3-7 days
4.5-5.0	Hold x 2 day; decrease dose by 33%	3-7 days
5.1-6.0	Hold x 3 day; decrease dose by 33%	3-7 days
≥6.0	To be determined by MD	

INR= International Normalized Ratio