# ANTICOAGULATION CHART-WARFARIN

Pilot Chart

*Affix patient identification label here*

**CHECKLIST FOR EVERY ADULT PATIENT ON WARFARIN**

- ☐ Use table opposite and circle the target INR, indication for anticoagulation, and likely duration
- ☐ If on warfarin before, check long term dose with patient and GP, and document below. DO NOT reload with warfarin.
- ☐ Review risk factors and medicines (see right)
- ☐ Check baseline INR, FBC, LFTs, albumin, creatinine before charting warfarin
- ☐ Use Gedge Protocol below for initiation of warfarin for most inpatients to work out dose for each day according to INR

Refer to Anticoagulation Website for other protocols, e.g.

- o Fennerty Protocol - Patients <65 years with no risk factors who require rapid therapeutic INR

- ☐ Document here if alternative protocol to be used: Alternative protocol:…….
- ☐ Choose brand of warfarin
- ☐ Chart dose below, based on chosen protocol

| INR | Indication | Usual duration of anticoagulation |
|---|---|---|
| **2.0-3.0** | **Atrial fibrillation, stroke prophylaxis**<br>**Cardioversion**<br>**Mural thrombus**<br>**Treatment of DVT/PE** | **Usually Indefinite**<br>**Short term pre and post**<br>**Highly variable**<br>**At least 3 months** |
| 2.5-3.5 | Mechanical heart valve pre-1990 | Indefinite in almost all cases |
| 3.0-4.0 | Mechanical heart valve post-1990<br>Recurrent DVT/PE whilst on warfarin | Indefinite in almost all cases |

**Risk Factors for bleeding on warfarin**

| | |
|---|---|
| Age >65 | Active malignancy |
| Albumin <30g/L | G.I. bleed |
| Baseline INR >1.5 | Recent stroke |
| Bilirubin >20µmol/L | Uncontrolled CHF |
| PCV <0.3 | Alcoholism |
| Platelets <100x$10^9$/L | Recent major surgery |
| Creatinine >200umol/L or clearance <30ml/min | Severe hypertension |

**INPATIENT INITIATION OF WARFARIN: QUEENSLAND and GEDGE PROTOCOL**

| Day | INR- check daily | Dose of Warfarin |
|---|---|---|
| **1** | <1.4 | **5mg or 10mg**<br>**-** the lower dose for elderly patients with >2 risk factors |
| **2** | <1.8<br>1.8-2.0<br>>2.0 | 5 mg<br>1 mg<br>Nil |
| **3** | <2.0<br>2.0-2.5<br>2.6-2.9<br>3.0-3.2<br>3.3-3.5<br>>3.5 | 5 mg<br>4 mg<br>3 mg<br>2 mg<br>1 mg<br>nil |
| **4** | <1.4<br>1.4-1.5<br>1.6-1.7<br>1.8-1.9<br>2.0-2.3<br>2.4-3.0<br>3.1-3.2<br>3.3-3.5<br>>3.5 | 10mg<br>7 mg<br>6 mg<br>5 mg<br>4 mg<br>3 mg<br>2 mg<br>1 mg<br>nil |
| **5+** | If INR therapeutic, use day-4 dose as maintenance dose, otherwise seek specialist advice | |

**Commonly used Medicines that increase anticoagulant effect**

| | | |
|---|---|---|
| Allopurinol | • Metronidazole | Heparin/enoxaparin |
| Amiodarone | • Norfloxacin | NSAIDs |
| Aspirin | • Tetracycline | Omeprazole |
| Antibiotics | • Trimethoprim | Phenytoin |
| • Cephalosporins | Antifungals systemic OR topical | SSRIs |
| • Ciprofloxacin | • Itraconazole | Statins |
| • Cotrimoxazole | • Ketoconazole | Tamoxifen |
| • Doxycycline | • Miconazole | Tramadol |
| • Macrolides e.g. erythromycin, roxithromycin | | |

**Above list not exhaustive**
**Interacting Medicines may also decrease the effectiveness of warfarin**
- contact Medicines Information for details x 8257

**WARFARIN** MAREVAN (preferred brand) ☐ Coumadin ☐
(Tick brand)
**Document long term dose: ……mg** ORDERED BY

| Date | INR | Dose mg | Time 4pm | Route | Signature &Name |
|---|---|---|---|---|---|
| | | | | Oral | |
| | | | | Oral | |
| | | | | Oral | |
| | | | | Oral | |
| | | | | Oral | |
| | | | | Oral | |
| | | | | Oral | |
| | | | | Oral | |
| | | | | Oral | |

GIVEN BY

| Date | Time 4pm | Dose | Route | Signature &name |
|---|---|---|---|---|
| | | | Oral | |
| | | | Oral | |
| | | | Oral | |
| | | | Oral | |
| | | | Oral | |
| | | | Oral | |
| | | | Oral | |
| | | | Oral | |
| | | | Oral | |

**WARFARIN EDUCATION RECORD** (MUST Filled out by pharmacist, nurse or doctor before discharge)

Patient educated by…….....role……Signed……Date…….
Translator required? Language……Given warfarin book and take-home card …….