

Management of Nontherapeutic INR's

- For patients with INRs greater than the therapeutic level, but < 5.0 who do not have significant bleeding:

lower the dose or omit a dose and resume therapy at a lower dose when the INR is at the therapeutic level. If the INR is only minimally greater than the therapeutic range, no dose reduction may be required

- For patients with INRs > 5.0 but < 9.0 with no significant bleeding:

omit the next one or two doses, monitor the INR more frequently, and resume therapy at a lower dose when the INR is at the therapeutic level. Alternatively, omit the dose and administer vitamin K1 to 2.5 mg orally, particularly if the patient is at increased risk of bleeding. If more rapid reversal is required because the patient requires urgent surgery, administer vitamin K1, 2 to 4 mg orally, with the expectation that a reduction of the INR will occur in 24 h. If the INR is still high, administer an additional dose of vitamin K1, 1 to 2 mg orally

- For patients with INRs > 9.0 with no significant bleeding:

hold off on warfarin therapy and administer a higher dose of vitamin K 1, 3 to 5 mg orally, with the expectation that the INR will be reduced substantially in 24 to 48 h. Monitor the INR more frequently and administer additional vitamin K 1 if necessary. Resume therapy at a lower dose when the INR reaches the therapeutic level

- For patients with INRs > 20 with serious bleeding:

hold off on warfarin therapy and administer vitamin K1, 10 mg by slow IV infusion, supplemented with fresh plasma or prothrombin complex concentrate, depending on the urgency of the situation. Administration of vitamin K1 can be repeated every 12 h

- For patients with life-threatening bleeding:

hold off on warfarin therapy and administer prothrombin complex concentrate supplemented with vitamin K1, 10 mg by slow IV infusion. Repeat this treatment as necessary depending upon the INR.

Source: 6th ACCP Consensus Conference on Antithrombotic Therapy
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Note: All recommendations above are Class 2C (definition: less certain recommendation based upon observational studies or from generalization from randomized trials from one group of patients to a different group; fertile ground for further randomized control studies).