GUIDELINES FOR INITIATION OF WARFARIN IN PRIMARY CARE

Kowhai Health Trust

CHECKLIST BEFORE COMMENCING WARFARIN THERAPY

- ü Ensure benefits of anticoagulation outweigh the risks of bleeding for each patient. (Refer table 1)
- ü Check baseline INR – give patient blood test form to have blood tested before commencing warfarin that evening.
- ü Set up patients warfarin template on Medtech 32 for annual warfarin payment (See warfarin template guidelines in warfarin launch pack). Refer to Table 2 for reference INR ranges and duration of therapy.
- ü Provide patient education - supply patient with a red anticoagulation booklet and patient information sheet (use these as counselling tools).
- ü Supply prescription for warfarin (Marevan® preferred brand). Consider giving 1mg tablets only until stable.

Table 1 Considerations before initiating warfarin treatment

Absolute contraindications	Relative contraindications	Not considered contraindications
§ Thrombocytopaenia	§ Liver disease	§ Advanced age alone
§ Poorly controlled BP consistently ≥160/90mm Hg	§ Significant alcohol use ≥5 drinks/day	§ Predisposition to falling
§ Non compliance	§ Dementia	§ NSAID use with a PPI
§ Previous intracranial bleed	§ Poor comprehension	§ Recent resolved ulcer with successful treatment of H pylori
§ Recent GI/GU bleed	§ NSAID use without cytoprotection	§ Previous ischaemic stroke
§ Active peptic ulcer	§ Participation in activities predisposing to trauma	
§ Pregnancy		

Table 2 Reference INR ranges & duration of therapy

Recommended target INR ranges	INR	Duration of therapy
Atrial fibrillation	2.0 – 3.0 (target 2.5)	longterm
DVT (Distal)	2.0 – 3.0 (target 2.5)	3 months
DVT (Proximal)	2.0 – 3.0 (target 2.5)	6 months
PE	2.0 – 3.0 (target 2.5)	6 months
Recurrent DVT or PE when not taking warfarin	2.0 – 3.0 (target 2.5)	longterm
Recurrent DVT or PE when still taking warfarin	3.0 – 4.0 (target3.5)	longterm
Mechanical & prosthetic heart valves	2.5 – 3.5 (target 3.0) for valves post 1990	longterm

INITIATION PROTOCOL FOR NON-URGENT ANTICOAGULATION IN PRIMARY CARE (Day 1 – Day 14)

Step	Warfarin Initiation regime for outpatient anticoagulation			
1	Test baseline INR: Do NOT proceed if INR > 1.4			
2	Prescribe **Warfarin 5mg ONCE daily for 4 days** then test INR on day 5.			
3	**Day 5 INR**	**Dose for days 5 to 7**	**Day 8 INR**	**Dose for days 8 - 14**
	≤ 1.7	5mg Ø	≤ 1.7 1.8 – 2.4 2.5 – 3.0 > 3.0	6mg daily 5mg daily 4mg daily 3mg daily
	1.8 – 2.2	4mg Ø	≤ 1.7 1.8 – 2.4 2.5 – 3.0 3.1 – 3.5 > 3.5	5mg daily 4mg daily 3mg/4mg alternate days 3mg 2mg/3mg alternate days
	2.3 – 2.7	3mg Ø	≤ 1.7 1.8 – 2.4 2.5 – 3.0 3.1 – 3.5 > 3.5	4mg daily 3mg/4mg alternate days 3mg daily 2mg/3mg alternate days 2mg daily
	2.8 – 3.2	2mg Ø	≤ 1.7 1.8 – 2.4 2.5 – 3.0 3.1 – 3.5 > 3.5	3mg daily 2mg/3mg alternate days 2mg daily 1mg/2mg alternate days 1mg daily
	3.3 – 3.7	1mg Ø	≤ 1.7 1.8 – 2.4 2.5 – 3.0 3.1 – 3.5 > 3.5	2mg daily 1mg/2mg alternate days 1mg daily 1mg every 2nd day 0mg for 5 days
	> 3.7	0mg Ø	< 2.0 2.0 – 2.9 3.0 – 3.5	1mg/2mg alternate days 1mg daily 1mg every 2nd day
4	On day 15 check INR and make fine dose adjustment as appropriate.			
If patient is taking concurrent amiodarone prescribe warfarin 3mg for 4 days and retest INR regularly.				

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