

Warfarin Initiation Guidelines

Day 1: Obtain baseline INR

Begin warfarin at dose of 5 mg per day (Use 2.5 mg per day in patients with liver disease, malnourished patients, interacting medications or post-operative patients)
Start at 7.5 mg in patients > 85 kg without other complicating medical conditions.

Day 2: Check INR (Partially reflects 1st dose)

If INR < 1.5 give same dose.
If INR ≥ 1.5 give lower dose.

Day 3: Check INR (Reflects 1st 2 doses)

An INR < 1.5 suggests a higher than average maintenance dose will be needed.
An INR 1.5-2.0 suggests an average maintenance dose will be needed (~5mg qd).
An INR > 2.0 suggests a lower than average maintenance dose will be needed.

INRs should be monitored daily and any increase in the INR > 0.3 per day should prompt a warfarin dose reduction.

Simplify dosing regimens to one strength tablet if possible. Warfarin has a slow onset/offset of action, allowing for a flexible dosing schedule. It is recommended to base different dose amounts on the days of the week rather than an every other day or every third day schedule. For example: (5mg on Mon, Wed, Fri, and 7.5mg on Tue, Thurs, Sat, and Sun.)