

# PHYSICIAN'S ORDERS

## WARFARIN DOSING

Physician's Orders: This protocol is intended to provide optimal oral anticoagulation therapy. The intent is to prevent new thromboembolic events while minimizing complications.

**NO IM INJECTIONS**

Indication for warfarin therapy: \_\_\_\_\_ Target INR: \_\_\_\_\_

Patient's Weight \_\_\_\_\_ Kg      Patient's Height \_\_\_\_\_ inches      Patient's Age \_\_\_\_\_ years

**Dosing and Monitoring:** The dose that is required is variable and dependent on a number of patient-specific and environmental factors.

- Baseline INR, platelet count, serum albumin, liver function tests prior to warfarin initiation to assess sensitivity.
- Daily INR
- Call physician for INR greater than 4

**A. Check the appropriate scale for warfarin dosing initiation**

- HIGH** sensitivity (suggested for age 60 years or older, baseline INR greater than 1.5, hepatic disease, decompensated CHF, malnourished, malabsorption/ chronic diarrhea, cancer, serum albumin less than 2, thyrotoxicosis, genetic polymorphism of CYP 2C9, significant renal disease, concurrent hepatic enzyme inhibitor.)

Day	INR	Dose
1	Baseline	5 mg
2	less than 1.5	5 mg
	1.5-1.9	2.5 mg
	2-2.5	1 mg
	greater than 2.5	None

- Custom Scale**

Day	INR	Dose
1	Baseline	
2	less than 1.5	_____ mg
	1.5-1.9	_____ mg
	2-2.5	_____ mg
	greater than 2.5	_____ mg

- MODERATE** sensitivity (Suggested for ages 50-59, baseline INR 1.2-1.5, concurrent hepatic enzyme inducer)

Day	INR	Dose
1	Baseline	7.5 mg
2	less than 1.5	7.5 mg
	1.5-1.9	2.5 mg
	2-2.5	1 mg
	greater than 2.5	None

**Subsequent doses for all patients**

Day	INR	Dose
3	less than 1.5	10 mg
	1.5-1.9	5 mg
	2-3	2.5 mg
	greater than 3	None
4	less than 1.5	10 mg
	1.5-1.9	7.5 mg
	2-3	5 mg
	greater than 3	None
5	less than 1.5	10 mg
	1.5-1.9	7.5 mg
	2-3	5 mg
	greater than 3	None
6	less than 1.5	12.5 mg
	1.5-1.9	10 mg
	2-3	5 mg
	greater than 3	None

- LOW** sensitivity (suggested for age less than 50, baseline INR less than 1.2, and no other risk factors)

Day	INR	Dose
1	Baseline	10 mg
2	less than 1.5	10 mg
	1.5-1.9	2.5 mg
	2-2.5	1 mg
	greater than 2.5	None

Further doses should be adjusted as needed by 5-20% of weekly amount.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

PROHIBITED ABBREVIATION	REQUIRED TERM	PROHIBITED ABBREVIATION	REQUIRED TERM
ug	<b>Write</b> Microgram	1.0	<b>Write</b> 1. Do not use zero after decimal point
qd, q.d.	<b>Write</b> Daily	Zero after decimal point	
qod	<b>Write</b> Every Other Day or Every 48 hrs	MS	<b>Write</b> Morphine
U or u	<b>Write</b> Units	MgSO <sub>4</sub> , MSO <sub>4</sub>	<b>Write</b> Magnesium sulfate or Morphine sulfate
.5	<b>Write</b> 0.5 - make sure you use preceding 0	IU	<b>Write</b> International units
No zero before decimal point		OS, OD, OU	<b>Write</b> Left or right eye or both eyes
		AS, AD, AU	<b>Write</b> Left or right ear or both ears



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**MR.ORDER**

SVPOD-094 (12/08)

PATIENT LABEL

ACCP recommended therapeutic range for warfarin

INDICATION	Target INR (acceptable range)
Prophylaxis of venous thrombosis (high risk surgery) Treatment of venous thrombosis Treatment of pulmonary embolism Prevention of systemic embolism Tissue heart valves Acute MI (to prevent systemic embolism)* Valvular heart disease Atrial fibrillation	2.5 (2-3)
Mechanical prosthetic valves DVT/PE despite anticoagulation	3 (2.5-3.5)
Total hip replacement Knee arthroplasty	2.2 (1.8-2.5)

\* If oral anticoagulation therapy is elected to prevent recurrent MI, a target INR of 3 (range 2.5-3.5) is recommended, consistent with FDA recommendations.

#### Drugs That Can Potentiate the Anticoagulant Effect of Warfarin Via Various Mechanisms

Acetaminophen (Tylenol) less than 1.3 Gm/day†  
Amiodarone (Cordarone)\*\*\*  
Aspirin  
Cefamandole (Mandol)\*\*\*  
Cefazolin (Ancef)  
Cefmetazole (Zefazone)  
Cefoperazone (Cefobid)  
Cefotetan (Cefotan)  
Celecoxib (Celebrex)  
Chloral hydrate  
Cimetidine (Tagamet)  
Ciprofloxacin (Cipro)†  
Clarithromycin (Biaxin)\*\*\*  
Clofibrate (Atromid-S)\*\*\*  
Cotrimoxazole (Bactrim, Septra)\*\*\*  
Disopyramide (Norpace)  
Disulfiram (Antabuse)\*\*\*  
Erythromycin\*\*\*  
Fenofibrate (Tricor)  
Flu vaccine  
Fluconazole (Diflucan)\*\*\*  
Fluorouracil  
Fluoxetine  
Fluvoxamine†  
Gemcitabine (Gemzar)  
Gemfibrozil (Lopid)  
Isoniazid†  
Itraconazole (Sporanox)  
Ketoconazole (Nizoral)  
Levofloxacin (Levaquin)†  
Lovastatin (Mevacor)  
Metolazone (Zaroxolyn)  
Metronidazole (Flagyl)\*\*\*  
Miconazole (Monistat)  
Moricizine (Ethmozine)  
Moxifloxacin\*\*\*  
Norfloxacin (Noroxin)†  
NSAIDs  
Ofloxacin (Floxin)†  
Omeprazole (Prilosec)†  
Propafenone (Rythmol)†  
Propoxyphene (Darvon)†  
Quinidine†  
Tamoxifen†  
Tetracycline†  
Rofecoxib (Vioxx)  
Thyroid Hormone (Synthroid)†  
Tolterodine (Detrol)  
Zafirlukast (Accolate)

\*\*\* Major effect consider 20-30% decrease in warfarin dose  
†Moderate effect Check INR in 5-7 days

#### Drugs That Can Diminish the Anticoagulant Effect of Warfarin Via Various Mechanisms

Aminoglutethimide (Cytadren)  
Amobarbital (Amytal)  
Azathioprine (Imuran)  
Butabarbital (Butisol)  
Carbamazepine (Tegretol)  
Cholestyramine (Questran)  
Colestipol (Colestid)  
Cyclosporine (Sandimmune, Neoral)  
Dicloxacillin (Dynapen)  
Ethanol  
Griseofulvin (Grisactin)  
Mephobarbital (Mebaral)  
Mercaptopurine (Purinethol)  
Nafcillin (Unipen)  
Pentobarbital (Nembutal)  
Phenobarbital  
Phenytoin (Dilantin)  
Primidone (Mysoline)  
Rifabutin (Mycobutin)  
Rifampin (Rifadin, Rimactane)  
Rifapentine (Priftin)  
Secobarbital (Seconal)  
Sucralfate (Carafate)  
Trazodone (Desyrel)

#### Some of the Natural Products That Can Alter the Anticoagulant Effect of Warfarin

##### Increased Anticoagulant Effect

Alfalfa  
Anise  
Asafoetida  
Clove Oil  
Dong Quai  
Feverfew  
Garlic  
Ginger  
Ginkgo Biloba  
Ginseng

##### Decreased Anticoagulant Effect

Alfalfa  
Ginseng  
St. John's Wort