Table VI: The Johns Hopkins Anticoagulation Management Service Approach to Warfarin Dose Adjustment (Designed by Peggy Kraus, PharmD CACP)

For patients whose previous dose is known, restart their usual dose. For abrupt increases in INR, deviation from guidelines is warranted and cautious dosing is recommended.

Consider a decrease in dose by 1/3 to ½ if the patient has one or more of the following risk factors:

1. NPO status (due to significant impact of diet in relation to needed warfarin dose)
2. Severe heart failure (EF <30% and/or biventricular failure)
3. Concurrent signification drug/drug interactions (CYP2C9 enzyme inhibition) such as Amiodarone, Bactrim, Flagyl, Fluconazole, pulse steroids
4. Severe liver impairment

Day of therapy	INR	Age ≤ 30 years	Age 31-75 years	Age > 75 years
Day 1	≤1.3	7.5 mg	5 mg	2.5 mg
	1.4-1.9	2.5 mg	2.5 mg	1 mg
	≥2.0	Consult hematology if warfarin naive	Consult hematology if warfarin naive	Consult hematology if warfarin naive
Day 2	≤1.3	7.5 mg	5 mg	2.5 mg
	1.4-1.9	2.5 mg	2.5 mg	1 mg
	≥ 2.0	0	0	0
Day 3	≤1.5	7.5 mg	5 mg	2.5 mg
	1.6-1.9	5 mg	2.5 mg	1 mg
	2.0-2.5	2.5 mg	1 mg	0.5 mg
	2.6-3.0	1 mg	0.5 mg	0
	>3**.0**	0	0	0
Day 4	≤1.5	10 mg	7.5 mg	5 mg
	1.6-1.9	7.5 mg	5 mg	2.5 mg
	2.0-2.5	2.5 or 5 mg	1 or 2.5 mg	1 mg
	2.6-3.0	0.5 or 1 mg	0.5 or 1 mg	0.5 mg
	> 3.0	0	0	0
Day 5	≤1.5	10 mg	7.5 mg	5 mg
	1.6-1.9	7.5 mg	5 or 7.5 mg	2.5 or 5 mg
	2.0-2.5	2.5 or 5 mg	2.5 or 5 mg	2.5 or 1 mg
	2.6-3.0	1 or 2.5 mg	2.5 or 1 mg	0.5 or 1 mg
	> 3.0	0	0	0
For day 6 and beyond average the previous 5 days, round to the nearest tablet size and continue that daily dose				