

**Table VII: Warfarin management guideline**

<b>INR</b>	<b>Management</b>
<b>INR &gt; 0.3 below target range</b>	
<u>With</u> removable causative factor (e.g., missed dose, drug interaction, more vitamin K consumption)	Remove causative risk factor, then make no change in dose, or increase weekly dose by 10-20%
<u>Without</u> causative factor	Increase weekly dose by 10-20%
<b>INR 0.1-0.3 below target range</b>	
<u>With</u> removable causative factor	Remove causative risk factor, but make no change in dose
<u>Without</u> removable causative factor	Take extra 5-10% of weekly dose x 1 day, and continue weekly dose
2-3 consecutive subtherapeutic INRs, <u>w/wo</u> causative factor	Increase weekly dose by 5-10%
<b>INR within target range</b>	
<b>INR 0.1-0.5 above target range</b>	
<u>With</u> removable causative factor (e.g., extra dose, drug interaction, less vitamin K consumption)	Remove causal factor and continue same dose
<u>Without</u> removable causative factor	No change, or decrease weekly dose by 5-10%
2-3 consecutive supratherapeutic INRs, <u>w/wo</u> causative factor	Decrease weekly dose by 5-10%
<b>INR 0.6 above target range (INR &lt; 4.5)</b>	
<u>With</u> removable causative factor	Consider repeat INR  If elevation confirmed or test not repeated, remove causative factor  Then hold 0-1 dose, and continue weekly dose.  Repeat INR in 1 week
<u>Without</u> removable causative factor	Consider repeat INR  If elevation confirmed or test not repeated,  Hold 0-1 dose and decrease weekly dose by 10-20%

<b>INR &gt;4.5</b>	Repeat INR See management of excessive anticoagulation guidelines
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These management guidelines are meant to be flexible. Although they should be followed in most cases,

The guidelines do not supersede clinical decision making depending on the patient, the setting, or other factors which may influence such decisions.

Adapted from Ansell J et al. Chest 2008.