CLINICAL GUIDELINE

Warfarin Induction for Inpatients

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Lead Author:	Dawn Kyle & Fiona McNulty
Approval Group:	Area Drugs and Therapeutics Committee

Important Note:

The Intranet version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

NHS GG&C In-patient Warfarin Induction Protocol
Age-adjusted Fennerty Regimen

Day	INR	Warfarin dose (mg) depending on age – to be given once daily at 6pm			
		≤50 years	51-65 years	66-80 years	>80years
1	<1.4	10	9	7.5	6
2	<1.6	10	9	7.5	6
	≥1.6	0.5	0.5	0.5	0.5
3	<1.8	10	9	7.5	6
	1.8-2.5	4.0-5.0	3.5-4.5	3.0-4.0	2.5-3.0
	2.6-3.0	2.5-3.5	2.5-3.5	2.0-2.5	1.5-2.0
	3.1-3.5	1.0-2.0	1.0-2.0	0.5-1.5	0.5-1.5
	3.6-4.0	0.5	0.5	0.5	0.5
	>4	0	0	0	0
4	<1.6	10.0-15.0	9.0-13.0	7.5-11.0	6.0-9.0
	1.6-1.9	6.0-8.0	5.5-7.0	4.5-6.0	3.5-5.0
	2.0-2.6	4.5-5.5	4.0-5.0	3.5-4.5	2.5-3.5
	2.7-3.5	3.5-4.0	3.0-3.5	2.5-3.0	2.0-2.5
	3.6-4.0	3	2.5	2	1.5
	4.1-4.5	Omit today's dose then:			
		1.0-2.0	0.5-1.5	0.5-1.5	0.5-1.0
	>4.5	Withhold warfarin until INR <3.0, then restart on 0.5-1.0			

Consider reducing dose by 33% if the patient is on amiodarone, has severe congestive heart failure (EF<30% or biventricular failure), has abnormal LFT's or has severe oxygen-dependant COPD.

Perform baseline INR, and then daily for first 4 days.

When the INR result is towards the upper end of a range in the INR column, it is recommended that a warfarin dose is chosen towards the lower end of the suggested range in the age-appropriate dose column; and vice versa when INR result is towards the lower end of an INR range.

Beyond day 4, dosage adjustment may still be required, especially between days 5 and 14 when INR may need to be assessed every 2-3 days until stable and patient has been transferred to an appropriate outpatient monitoring service.

More careful dosing and monitoring may be required in elderly patients or where there is co-administration with drugs known to increase or decrease INR (consult BNF or seek advice from clinical pharmacist).