

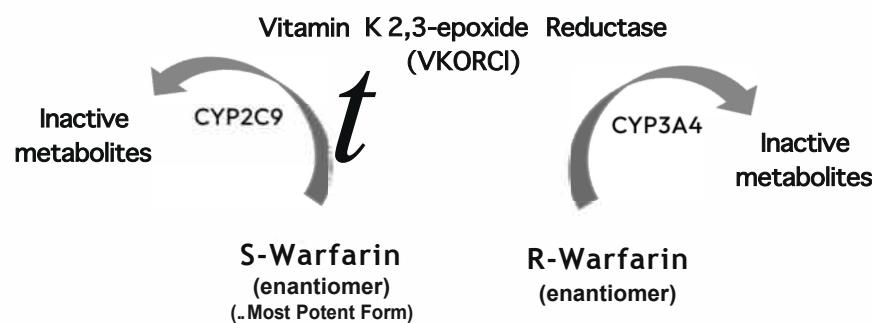
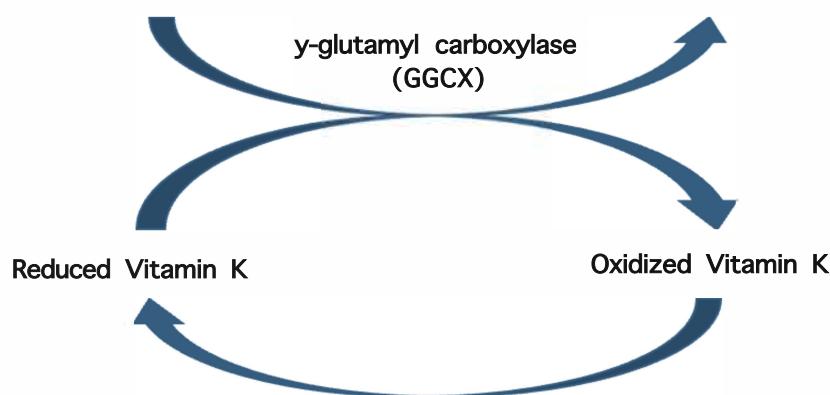
WHY

WARFARI N MECHANISM OF ACTION&.. METABOLISM

Vitamin K Dependent
Clotting Factor (Precursor)
"Non-functional"

Vitamin K Dependent
Clotting Factor (Carboxylated)
"Functional"

Activation of Newly
Formed Clotting Factors



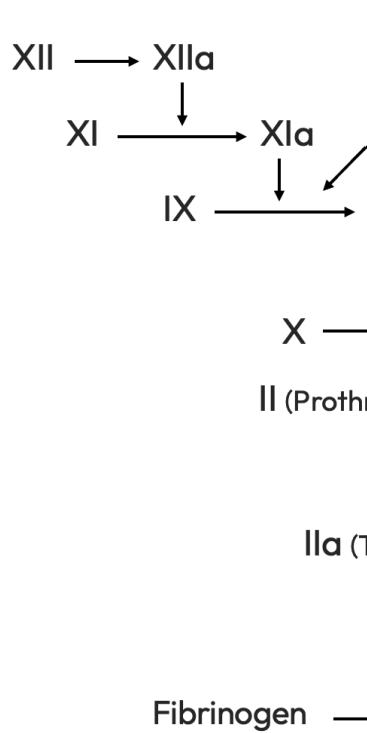
Warfarin's Mechanism
&.. Metabolism

TREATMENT STRATEGIES SUPRATHERAPEUTIC INR ON WARFARIN

INR Result	General Recommendation
3-4.9	Hold dose and restart at a lower dose when the INR returns to therapeutic range
5-9	Hold dose and recheck INR in 24 hours and if high risk for bleed or had a recent surgery consider giving 1-2.5 mg of vitamin K1; restart warfarin at a lower dose after INR < 3
9.1 - 20	Hold doses and give 2.5 – 5 mg of vitamin K1; once the INR is therapeutic again restart at a lower dose
>20	Hold dose and give 5-10 mg of vitamin K1; consider short admission to verify no bleeding or give fresh frozen plasma if at high risk for bleed.

The table represents the editor's best effort to summarize the intent of the clinical data, based on data from various reputable sources. Any use is meant to be for educational purposes only and is not intended to replace medical decision-making or clinical judgment.

Intrinsic Pathway



Extrinsic Pathway

