

**Anticoagulant Reversal  
Warfarin Orders**

Directions: 1. Indicate choice when options are available by placing a check in the box   
 2. Mark through entire line any prechecked item you **do not** wish to order  mark through

Attending Physician: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
Observation Status Admission for Inpatient Care Admit or transfer to: \_\_\_\_\_ Unit

**ALLERGIES:** NKA **ALLERGIC to:** \_\_\_\_\_

**Considerations:**

- 1 **Phytonadione (Vitamin K)** has a slow onset of action, the full effect from a dose will not be seen for 24-48 hours
- 2 Consider additional **phytonadione (Vitamin K)** if necessary (additional doses of **phytonadione/Vitamin K** should only be given 12 or more hours after prior dose)
- 3 Only give **phytonadione (Vitamin K)** IV/subcutaneously when patient cannot take PO **phytonadione (Vitamin K)**
- 4 Onset IV/subcutaneous **phytonadione (Vitamin K)** not much different from PO form of **phytonadione (Vitamin K)**
- 5 Risk for anaphylaxis exists with IV/subcutaneous **phytonadione (Vitamin K)**
- 6 If only minimally above therapeutic range, no dose reduction may be required

Management for Supratherapeutic INR's		
INR	Bleeding	Recommended Action
INR above the therapeutic range but less than 5	No	<input type="checkbox"/> Lower dose of <b>warfarin (Coumadin)</b> to ____ mg PO daily to Start _____; OR <input type="checkbox"/> Omit <b>warfarin (Coumadin)</b> x 1 dose
INR greater than 5 but less than 9	No	<input type="checkbox"/> Omit next dose of <b>warfarin (Coumadin)</b> ____ 1 dose ____ 2 doses; OR <input type="checkbox"/> <b>Phytonadione (Vitamin K)</b> 2.5 mg PO x 1 dose (If patient at increased risk of bleeding)
INR greater than 9	No	<input type="checkbox"/> Omit <b>warfarin (Coumadin)</b> therapy <input type="checkbox"/> <b>Phytonadione (Vitamin K)</b> PO ____ 2.5 mg ____ 5mg x 1 dose
Any INR with bleeding	Yes	<input type="checkbox"/> Omit <b>warfarin (Coumadin)</b> therapy <input type="checkbox"/> <b>Phytonadione (Vitamin K)</b> PO ____ 5 mg ____ 10mg x 1 dose; OR <input type="checkbox"/> <b>Phytonadione (Vitamin K)</b> IV ____ 5 mg ____ 10mg x 1 dose; OR <input type="checkbox"/> <b>Phytonadione (Vitamin K)</b> subcutaneously ____ 5 mg ____ 10mg x 1 dose <input type="checkbox"/> Give <b>recombinant factor VII A (Novoseven)</b> ____ mcg IV x 1 dose; OR <b>LABORATORY:</b> <input type="checkbox"/> Give <b>fresh frozen plasma (FFP)</b> ____ 1 unit ____ 2 units IV

**LABORATORY:**

- Stop previous PT/INR orders
- Repeat PT/INR after 24 hours; THEN
  - PT/INR daily

**COMMUNICATION:**

- Observe patient for bleeding
- Notify Physician to consider resuming **warfarin (Coumadin)** at lower dose when INR therapeutic

**ADDITIONAL ORDERS:**

Physician \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_  
 Verbal Order Verification Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_

**Patient Identification**