

Slow Loading Warfarin Regimen for Primary Care

Background

Patients not requiring rapid anticoagulation can be safely managed using a slow loading regimen which results in therapeutic anticoagulation within 3-4 weeks in the majority of patients. This appears to avoid over-anticoagulation and bleeding associated with rapid loading².

Indications:

For use in patients for whom immediate anticoagulation is not required.

These include:

- chronic or paroxysmal atrial fibrillation;
- selected patients with left ventricular thrombus;
- selected patients with mitral stenosis;
- stroke outpatients in sustained AF who have waited 14 days following the acute event with a CT head scan that has excluded haemorrhage;
- selected patients with pulmonary hypertension.

Aim:

To initiate warfarin therapy with a target INR 2.5

Regimen:

1. Ensure the patient has no contraindications to warfarin. Generally if a patient is taking aspirin, this should be continued until the INR is therapeutic then STOPPED.
2. Ensure baseline bloods (**FBC, U&E, LFT, coagulation screen**) are satisfactory. If in doubt, discuss with the patient's consultant. If baseline INR>1.2, seek haematology advice.
3. Explain to the patient the indication for warfarin treatment and the risks and benefits of it.
4. Prescribe 2mg of warfarin daily at 6pm for 1 week.
5. Repeat INR after 7 days of warfarin therapy.
6. Adjust dose as per nomogram overleaf.

References

1. Oates A. Jackson P.R. Austin C.A. Channer K.S. A new regimen for starting warfarin anticoagulation in out-patients. *British Journal of Clinical Pharmacology* 1998 46 157-61
2. Guidelines on oral anticoagulation (warfarin): third edition- 2005 update British Committee for Standards in Haematology
www.bcsghguidelines.com/pdf/OAC_guidelines_190705.pdf

Adapted from Donacaster and Bassetlaw guidelines

Dosing Algorithm

