**Warfarin-Associated Elevated INR**

**Inclusion Criteria:**
1. Patients taking warfarin who have elevated INR
2. Patient is **not** actively bleeding

- **INR > 10**
  - Hold warfarin
  - Give ORAL phytonadione (vitamin K) 2.5-5 mg (Grade 2C)†
  - Monitor INR and resume warfarin at lower dose when INR therapeutic

- **INR 4.5 to <10**
  - Hold 1-2 doses of warfarin (Grade 2B)†
  - Phytonadione (vitamin K) not routinely recommended
  - Monitor INR and resume warfarin at lower dose when INR therapeutic

- **INR above goal to <4.5**
  - Reduce or skip warfarin dose
  - Dose reduction may not be required if slightly above range
  - Monitor INR and resume warfarin at lower dose when INR therapeutic

**SPECIAL CONSIDERATIONS:**

**Use of Vitamin K according to UC Health Policy and CHEST guidelines:**
- Patient MUST be on warfarin AND have 1 of the following:
- INR > 10 with or without bleeding OR
- Any significant major bleeding regardless of INR

**Overuse of Vitamin K can lead to prolonged sub-therapeutic INRs which:**
- Increase risk of thromboembolism
- May necessitate the use of LMWH bridging
- May require additional outpatient visits to reach a therapeutic INR