Slow loading regimen - Guidance for Initiating Warfarin in Primary Care

Warfarin may be initiated in the community, usually in older patients with atrial fibrillation, when urgent anticoagulation is not required. This guideline is only intended for initiating warfarin over several weeks in non-acute situations.

Appendix 2: Slow loading regimen
Guidance for Initiating Warfarin in Primary Care

TABLES FOR PREDICTING MAINTENANCE DOSE AT DAY 14

<table>
<thead>
<tr>
<th>MALES</th>
<th>FEMALES</th>
</tr>
</thead>
<tbody>
<tr>
<td>INR at Day 14</td>
<td>Predicted Maintenance Dose</td>
</tr>
<tr>
<td>1.0</td>
<td>6mg</td>
</tr>
<tr>
<td>1.1-1.2</td>
<td>5mg</td>
</tr>
<tr>
<td>1.6-2.1</td>
<td>3mg</td>
</tr>
<tr>
<td>&gt;3.0</td>
<td>1mg</td>
</tr>
</tbody>
</table>

IMPORTANT NOTES ABOUT THE GUIDELINE

- It is only intended for initiating warfarin over several weeks in non-acute situations.
- It is intended to give an INR of 2.0-3.0 at 6 weeks. Patients with an INR target outside this range may still begin anticoagulation in this way with further adjustments made after 6 weeks.
- INRs are only required at weekly intervals.
- The dose of warfarin only changes if the INR is >3.0 or persistently <2.0.
- The INR at day 14 predicts the maintenance dose - any subsequent changes are based on routine INR checks at days 21, 28, 35 and 42.
- Once the INR is stable, the time between monitoring can be increased to 2, then 4, and eventually 12 weeks as recommended by the British National Formulary.
- Patients should have their liver function tests (including prothrombin time), urea and electrolytes, creatinine and full blood count measured prior to treatment.
- Patients should always be provided with a treatment booklet containing appropriate information about safe use of warfarin.
- Further information about oral anticoagulation can be obtained from: British Society of Haematology Guidelines (www.bsh.org.uk/guidelines)
- SIGN119 Antithrombotics: Indications and Management (www.sign.ac.uk/guidelines/fulltext/129)