Table 2.12 Warfarin maintenance dosing nomogram

Goal INR 2–3	Adjustment	Goal INR 2.5–3.5
INR < 1.5	• Increase maintenance dose by 10–20% • Consider a booster dose of 1.5–2x daily maintenance dose • Consider resumption of prior maintenance dose if factor causing decreased INR is considered transient (e.g., missed warfarin dose(s))	INR < 2.0
INR 1.5–1.8	• Increase maintenance dose by 5–15% • Consider a booster dose of 1.5–2x daily maintenance dose • Consider resumption of prior maintenance dose if factor causing decreased INR is considered transient (e.g., missed warfarin dose(s))	INR 2.0–2.3
INR 1.8–1.9	• No dosage adjustment may be necessary if the last two INRs were in range, if there is no clear explanation for the INR to be out of range, and if in the judgment of the clinician, the INR does not represent an increased risk of thromboembolism for the patient • If dosage adjustment needed, increase by 5–10% • Consider a booster dose of 1.5–2x daily maintenance dose • Consider resumption of prior maintenance dose if factor causing decreased INR is considered transient (e.g., missed warfarin dose(s))	INR 2.3–2.4
INR 2.0–3.0	Desired range—No adjustment needed	INR 2.5–3.5
INR 3.1–3.2	• No dosage adjustment may necessary if the last two INRs were in range, if there is no clear explanation for the INR to be out of range, and if in the judgment of the clinician, the INR does not represent an increased risk of hemorrhage for the patient • If dosage adjustment needed, decrease by 5–10% • Consider resumption of prior maintenance dose if factor causing elevated INR is considered transient (e.g., acute alcohol ingestion)	INR 3.6–3.7
INR 3.3–3.4	• Decrease maintenance dose by 5–10% • Consider resumption of prior maintenance dose if factor causing elevated INR is considered transient (e.g., acute alcohol ingestion)	INR 3.8–3.9
INR 3.5–3.9	• Consider holding one dose • Decrease maintenance dose by 5–15% • Consider resumption of prior maintenance dose if factor causing elevated INR is considered transient (e.g., acute alcohol ingestion)	INR 4.0–4.4
INR ≥ 4.0 but <9 and no bleeding	• Hold until INR < upper limit of therapeutic range • Decrease maintenance dose by 5–20% • Consider resumption of prior maintenance dose if factor causing elevated INR is considered transient (e.g., acute alcohol ingestion) • If patient considered to be at significant risk for bleeding, may consider low dose vitamin K 1–2.5 mg orally	INR ≥ 4.5 but <9 and no bleeding
INR ≥ 9 and no bleeding	• Hold until INR < upper limit of therapeutic range • Administer vitamin K 2.5–5 mg orally • Decrease maintenance dose by 5–20% • Consider resumption of prior maintenance dose if factor causing elevated INR is considered transient (e.g., acute alcohol ingestion)	INR ≥ 9 and no bleeding

INR international normalized ratio