IRISH COLLEGE OF GENERAL PRACTITIONERS
Quality & Safety in Practice Committee

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QUICK REFERENCE GUIDE **SUMMARY**

Anticoagulation in General Practice – Warfarin

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Summary

- The prescription of warfarin as an anticoagulant is becoming less common as direct oral anticoagulation drugs become more widespread. However, there are certain situations, such as the presence of prosthetic valves, where warfarin is still indicated.
- For patients on warfarin, computer-assisted dosing is superior to manual dosing.
- The target International Normalised Ratio (INR) depends on the indication. Common indications and INR targets are outlined below.
  - First episodes of venous thromboembolism (VTE) should be treated with an INR target of 2·5
  - Recurrent VTE while anticoagulated and within the therapeutic range should be managed by increasing the INR target to 3·5
  - Patients with Atrial Fibrillation (AF) who require warfarin for the prevention of cardio-embolic stroke should have an INR target of 2·5
  - Patients undergoing elective cardioversion should be anticoagulated with warfarin for at least 3 weeks prior to and 4 weeks post cardioversion with a target INR of 2·5
- Patients with an INR >5·0 but who are not bleeding should have 1–2 doses of warfarin withheld and their maintenance dose should be reduced. Patients with an INR >8·0 should receive 1–5mg of oral vitamin K.
- A lower threshold for performing a head CT scan should be used for patients on warfarin who suffer a head injury.
- In patients requiring a dental extraction, an INR should be checked at least 72 hours before extraction. Patients in the INR range of 2–4 do not require cessation of warfarin for dental extraction.
- In patients with (1) peripheral artery disease, (2) previous ischaemic stroke or (3) stable ischaemic heart disease on antiplatelet therapy, guidelines recommend stopping the antiplatelet agent if warfarin is commenced. However, this may require consultation with the specialist team involved. Those with acute coronary syndromes or insertion of stents will require antiplatelet agents for a period of time which will be guided by the treating cardiologist.

A suggested audit is available *here*