

This guideline is for acute warfarin overdose, not over-anticoagulation. See separate guideline for long-acting anticoagulant rodenticides (superwarfarins)

Toxicity

- Usually asymptomatic.
- Bleeding risk increases with INR > 5
- Ingestion of <0.5mg/kg usually benign in patients not Rx with warfarin
- Risk factors for complications: falls, chronic liver disease, ethanol misuse

Clinical features:

- Usually asymptomatic
- Bleeding and/or ↑INR (delayed 24-48 hours)

Management

Decontamination: 50g activated charcoal orally within 1 hour of deliberate self-poisoning

Life-threatening haemorrhage/active uncontrolled haemorrhage/haemodynamic instability

- Resuscitate, Vitamin K 5-10mg IV, Prothrombinex-HT 50 IU/kg IV and FFP 150-300mL IV

Management of patients without active bleeding (the majority):

1. Patients NOT normally treated with Warfarin

- Measure baseline INR prior to administration of any Vitamin K (phytomenadione). Administer 10-20 mg Vit K orally only if INR >1.4 or if >0.25 mg/kg has been ingested. Vit K must be given at least 4 hours after any activated charcoal.
- Measure the INR every 24 hours and administer 10-20 mg Vit K if INR >1.4. No further INR testing / Vit K administration is required once the INR < 1.4 on two consecutive days. Rarely Rx is required for > 3 days.

2. Patients on therapeutic warfarin (require hospital admission at least 48 hours):

NO ABSOLUTE indication for anti-coagulation (e.g. DVT/AF)

- 6 hourly INR + titrate Vit K 5-10 mg orally according to INR, until a stable Vit K dose is established.
- Stabilisation may require > 48 hrs. Then measure INR every 24 hrs. *Vit K Rx may be required > 7 days.*

ABSOLUTE indication for anti-coagulation (e.g. mechanical valve, high risk thromboembolic event)

- Admit to hospital. 6 hourly INR + titrate Vit K 0.5-2mg orally according to INR, aiming for a stable therapeutic INR range.
- Commence heparin if INR <2

3. Paediatric accidental acute single ingestion:

<0.5 mg/kg: no action required. 0.5-1mg/kg: 1 dose 10mg Vit K orally (no Ix). >1mg/kg: 10mg Vit K orally for 3 days (no Ix)

Patients with poor compliance to Vit K or INR monitoring, or at high risk of complications will require inpatient management