

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

Toxicity / Risk Assessment

Risk of haemorrhage ↑ significantly with INR > 5

- Accidental ingestion of < 0.5 mg/kg is usually benign in patients not normally treated with warfarin and does not require further investigation

- Risk factors for complications: falls, chronic liver disease, ethanol misuse, use of other drugs that inhibit CYP2C9

Clinical features:

- Patients are usually asymptomatic
- Haemorrhage (from any site) and / or ↑ INR
- Warfarin effect is delayed 24-48 hours post ingestion

Some rodenticides contain warfarin

Accidental ingestion by a child is generally benign (if evidence of toxicity present, non-accidental injury should be considered)

Management

Decontamination: 50g activated charcoal (AC) orally within 2 hours of deliberate self-poisoning

Enhanced Elimination:

- Multidose Activated Charcoal (MDAC) 25g 2-hourly ↑ elimination (see separate MDAC guideline)

Life-threatening haemorrhage/active uncontrolled haemorrhage/haemodynamic instability

- Resuscitate, Vitamin K (phytomenadione) 5-10mg IV, Prothrombinex-VF® 25-50 IU/kg, FFP 15mL/kg

Management of patients without active bleeding (the majority of patients):

1. Patients NOT normally treated with Warfarin (if taking a direct oral anticoagulant, withhold and Rx as follows)

- Measure INR prior to Rx with Vitamin K:

If INR > 2, administer 10-20 mg (Paeds: 0.25mg/kg) oral Vit K daily + monitor INR. Rx normally required < 7 days

If INR < 2, repeat INR at 24 and 48 hours post ingestion. No further Rx required if INR remains < 2

2. Patients already treated therapeutically with warfarin

- Measure INR every 6-12 hours and titrate Vitamin K dose to maintain appropriate therapeutic INR OR reverse warfarin effect using Vit K and switch to an alternative anticoagulant therapy

(consider if high risk indication e.g. mechanical valve, recommend consultation with local Haematology service)

- Duration of anticoagulation and need for Vit K Rx may be longer in patients on therapeutic warfarin (> 7 days)

NOTE: Vit K must be given at least 4 hours after Activated Charcoal (IV Vit K may be used in the interim if indicated)

Intravenous Vitamin K may be given in the patient who cannot tolerate oral therapy

Disposition – accidental ingestion of less than 0.5 mg/kg of warfarin does not require admission or investigation

Patients with a raised INR, active bleeding or deliberate self-poisoning should be admitted for inpatient Rx