

Vitamin K Dosing Chart

INR	Clinical Setting	Therapeutic Options
< 5	No significant bleeding, rapid reversal is not indicated	Reduce warfarin dose, or Hold the next warfarin dose
5.0 - 9.0	No significant bleeding	Hold the next 1-2 doses of warfarin, or omit the next dose of warfarin and administer vitamin K ₁ (1-2.5 mg PO)*
5.0 - 9.0	Rapid reversal required (i.e., urgent surgery/dental extraction)	Vitamin K ₁ 2-4 mg PO (↓INR within 24 hours), if INR remains high at 24 hours then vitamin K ₁ 1-2 mg PO
> 9**	No significant bleeding	Hold warfarin and administer Vitamin K ₁ 3-5 mg PO (↓INR within 24-48 hours)
	Serious bleeding, major warfarin overdose	Refer patient to Emergency Department Vitamin K ₁ 10 mg IV slow infusion (may repeat every 12 hours – expect ↓INR within 6-8 hours), supplemented with fresh plasma transfusion or prothrombin complex concentrate
	Life-threatening bleeding	Refer patient to Emergency Department Prothrombin complex concentrate, supplemented with vitamin K ₁ 10 mg IV

REFERENCE: Criteria for the Use of Vitamin K / Guidelines for Correction of Over-anticoagulation: from Chest 2001;119:22S-38S

* oral vitamin K₁ is preferred in patients having additional risk factors for bleeding

** Vitamin K₁ 2.5 mg PO has been reported to be less effective than higher doses in reducing the INR to < 5 amongst patients that have INRs ≥10