

Pathway for Administration of Vitamin K for High INR

1. Objectives

The aim of this procedure is to establish a clear pathway to be followed by healthcare professionals to refer in to the Doncaster Emergency Care Practitioner Service for patients taking warfarin and requiring Vitamin K for a raised INR.

2. Scope

2.1. Inclusion Criteria

This pathway applies to referrals of any patient over the age of 18 years who is taking anticoagulation medication (Warfarin, Phenindione or Nicoumalone).

2.2. Exclusion Criteria

- Patient under 18 years of age
- INR <8
- Known allergy or intolerance to Vitamin K
- Pregnancy
- Unexpected bleeding at therapeutic levels when patients INR is in range
- Any signs of major bleeding, irrespective of INR

For full guidance see Patient Group Direction for Vitamin K (appendix A)

3. Pathway / Methodology Patient has INR ≥ 8 any raised INR <8 should be managed by the anticoagulation clinic Coagulation service communicate accordingly **Contact ECP** Letter to GP 03001233103 **Contact patient** via existing route of level of risk/urgency must advise patient not to take any further communications to inform of be communicated warfarin doses until they have had high INR and ECP visit repeat blood test and instructed to (appendix B) restart their warfarin. Advise patient to ECP attends within 2 to 6 expect a visit from a clinician hours according to clinical presentation

Vitamin K administered in line with ECP protocol

- INR 8.0-12.0 (with no additional risk factors for bleeding*) = 0.1ml (1mg)
- INR 8.0-12.0 (with additional risk factors*) = 0.2ml (2mg)
- INR ≥ 12.0 (no bleeding) = 0.5ml (5mg)

Additional risk factors include: over 65 years, previous GI or intracranial bleed, renal or liver failure, anaemia, cancer, recent stroke, prosthetic heart valves or recent surgery

Patient advised of need to re-book blood test within 24

hours via usual route

(ECP to refer direct to SPA for home visit or ask patient to attend usual clinic)

Once the ECP closes the task a message is automatically sent to patient GP informing of visit

Doncaster & Bassetlaw Teaching Hospitals Foundation Trust



5. Appendices

Appendix A: PGD for administration of Vitamin K

Phytomenadione (Vitamin K) PGD FCMS



Appendix B: Letter to GP from Coagulation Service

Appendix C: Guidelines for Administration of Vitamin K

https://www.dbth.nhs.uk/wp-content/uploads/2017/11/OVERANTICOAGULATION-Nov-16.pdf

Developed by DBTHFT Approved by DCCG March 2019