Appendix A: Flow Chart for Warfarin Reversal

**URGENT reversal for:**
- Major bleeding or
- Invasive procedure or Surgery within 6 hours

**Non-URGENT reversal for:**
- Non-major bleeding or
- Surgery in 6 hours or later

**URGENT reversal for:**
- Major bleeding or
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**Non-URGENT reversal for:**
- Non-major bleeding or
- Surgery in 6 hours or later

**INR > 1.5**

**Warfarin effect is reversed. Proceed to surgery if indicated.**

**Abbreviations:**
- GIM = General Internal Medicine
- INR = International Normalized Ratio
- IV = Intravenous
- LMWH = low molecular weight heparin
- PCC = prothrombin complex concentrate
- VTE = Venous thromboembolism
- vit = vitamin

**Footnotes:**
1) This algorithm is recommended for Warfarin reversal only and should not be used for reversal of other anticoagulants.
2) Do not give frozen plasma in addition to PCC. If indicated, transfuse red cells (for severe anemia) or platelets (e.g., platelet count < 50 x 10^9/L or patient on antplatelet therapy).
3) If INR is greater than 1.5 after one dose of vitamin K or one dose of PCC, contact Transfusion Medicine and/or consult Hematology for further assistance.
4) Half-life of PCC is approximately 6 hours therefore, should reassess the need for repeat PCC infusion (e.g., if surgery is ongoing, INR > 1.5 and patient is still bleeding) at 6 – 12 hr after surgery or PCC infusion.
5) In patients with high or very high risk of stroke (e.g., atrial fibrillation with CHADS2 score ≥ 3, previous stroke, mechanical heart valve), thrombosis (e.g., VTE within past 3 months, cancer-associated thrombosis, antiphospholipid antibody syndrome), consider need for bridging therapy with LMWH if surgery is expected to occur later than 24 hours after INR reversal.