Warfarin

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

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, 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

Life-threatening haemorrhage/active uncontrolled haemorrhage/haemodynamic instability

- Resuscitate, Vitamin K_1 (phytomenadione)10mg IV, 4-factor prothrombin complex concentrate *Beriplex*® 50 IU/kg

Management of ingestion > 0.5 mg/kg without active bleeding

1. Patients NOT normally treated with warfarin

- Measure INR 12 hours post ingestion, and then 6-12 hourly until at least 48 hours post ingestion
- If INR > 2 at any time, administer 10-20 mg vit K_1 orally (0.25mg/kg paediatric dose)

Disposition – patients may be discharged if INR < 2, no bleeding and at least 12 hours post last dose Vitamin K_1

2. Patients already treated therapeutically with warfarin

- Measure INR at 6 hours post exposure and then 6-12 hourly and titrate vit K_1 dose to maintain appropriate therapeutic INR OR reverse warfarin effect using vit K_1 and switch to an alternative anticoagulant therapy.

If high risk indication - e.g. mechanical valve, consult with haematology service + consider alternative anticoagulation

- Duration of anticoagulation and need for Vit K_1 Rx may be longer in patients on therapeutic warfarin (> 7 days)

*Oral vit K_1 must be given at least 4 hours after activated charcoal (IV Vit K_1 may be used in the interim if indicated)

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