



ORTHOPAEDIC  
SURGERY  
*Center of Excellence*

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**Coumadin Protocol**

| <b>Result</b>         | <b>Coumadin Adjustment</b>                                  |
|-----------------------|---|
| If last 2 INR's < 2.0 | Increase by 2mg daily                                       |
| If INR 2-2.9          | No change, continue same dose                               |
| If INR 3.0-3.9        | Decrease by 2mg daily                                       |
| If INR 4.0-5.0        | Hold Coumadin 1 day then resume 2mg lower the following day |
| If INR >5.0           | Hold Coumadin until next INR result then resume protocol    |

1. This protocol works best when the patient has a prescription for **2 mg tablets**. If needed call Dr. Abrahamsen's office for a prescription.
2. **INR's** are to be drawn every **Monday, Wednesday, and Friday**. The Coumadin can be discontinued when the patient is four weeks post-op or is fully ambulatory. The last INR should be 2-3 days before the last Coumadin dose.
3. Please instruct patients to **NOT TAKE** Coumadin on the day of a blood test until they are instructed by the nurse, and to take their Coumadin after 6 pm each day. This allows a change in dose the day of the blood test, if necessary.
4. If a patient has been given a prescription **for a Coumadin strength other than 2 mg**, the dose may be adjusted:
  - a. **for dosages 5mg or less**, by ½ the tablet strength (e.g. 2.5 mg adjustment for 5 mg tabs) or
  - b. **for strengths 6 mg or higher**, by alternating days (on the 1<sup>st</sup> day ½ the current dose if INR too high or 1 ½ times the current dose if INR too low; on the next day 1x the current dose, then repeat)
5. Do not increase the Coumadin dose more than once every 4 days.

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