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Oral vitamin K effectively treats international normalised ratio (INR) values in excess of 10. Results of a prospective cohort study.

<u>Crowther MA</u>, <u>Garcia D</u>, <u>Ageno W</u>, <u>Wang L</u>, <u>Witt DM</u>, <u>Clark NP</u>, <u>Blostein MD</u>, <u>Kahn SR</u>, <u>Schulman S</u>, <u>Kovacs M</u>, <u>Rodger MA</u>, <u>Wells P</u>, <u>Anderson D</u>, <u>Ginsberg J</u>, <u>Selby R</u>, Siragusa S, <u>Silingardi M</u>, <u>Dowd MB</u>, <u>Kearon C</u>. **Source**

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Abstract

Unanticipated elevation of the INR is common in patients receiving warfarin. We performed a prospective cohort study of 107 warfarin-treated patients with INR values of more than 10 who received a single 2.5 mg dose of oral vitamin K. During the first week, one patient experienced major bleeding, and one died. In the first 90 days after enrolment four patients had major bleeding (3.7%, 1.0% to 9.3%), eight patients (7.5%, 3.3% to 14.2%) died and two had objectively confirmed thromboembolism. Based on our low rate of observed major bleeding we conclude that 2.5 mg of oral vitamin K is a reasonable treatment for patients with INR values of more than 10 who are not actively bleeding.