Guideline for the Management of Hip Fracture Patients on Warfarin

**Emergency Department Team**
1. Stop warfarin
2. Send INR on all patients
3. Do not wait for INR result
4. Give Vitamin K 2 mg iv ASAP

**Orthopaedic Team**
Recheck INR after approximately six hours and give further dose of Vitamin K if INR > 2
- INR 2-4 give 2 mg Vitamin K iv
- INR 4-6 give 3 mg Vitamin K iv
- INR 6-8 give 4 mg Vitamin K iv
- INR >8 give 5 mg Vitamin K iv

**Assess short-term risk of thrombosis**

**Low/Medium Thrombosis risk**
Tissue heart valves and other warfarin indications (excluding mechanical heart valves)

**PRE-OPERATIVELY**
No bridging anticoagulation

Assess VTE risk + treat as per VTE protocol

**POST-OPERATIVELY**
If adequate haemostasis, give prophylactic dose LMWH 6-8 hours post-surgery

Surgeon to consider re-starting warfarin at 18:00 on first post-op day if haemostasis adequate and no contraindication (e.g. epidural in-situ)

Suggest delay by further 24-48 hours in surgery with high bleeding risk.

**High Thrombosis risk**
Mechanical heart valves

**PRE-OPERATIVELY**
Only consider pre-operative bridging anticoagulation if:
- Surgery will not take place within 24 hours
- OR
  - Star-Edwards caged-ball valve in-situ
    (consult Cardiologist)

*Surgery and spinal/epidural are contraindicated within 24 hrs of a treatment dose of LMWH*

**POST-OPERATIVELY**
If adequate haemostasis, give prophylactic dose LMWH 6-8 hours post-surgery

Surgeon to consider re-starting warfarin and treatment dose LMWH on first post-operative day if haemostasis adequate and no contraindication (e.g. epidural in-situ)

Suggest delay by further 24-48 hours in surgery with high bleeding risk.