

EMERGENCY REVERSAL OF ORAL VITAMIN K ANTAGONISTS FOR LIFE THREATENING EMERGENCIES CHECKLIST (includes warfarin, phenindione, acenocoumarol)

PLACE ADDRESSOGRAPH LABEL WITHIN THIS BOXED AREA

To be used in conjunction with Clinical Guideline 10142

**A)
Assess urgent
indication for Octaplex**

- Is there a life threatening or other urgent indication for emergency reversal of oral vitamin K antagonists?
- Head injury with neurological symptoms or signs or deterioration
- CVA with neurological symptoms or signs or deterioration
- Major GI / major obstetric / major gynae / major post surgical bleed
- Requires surgery/procedure in <6 hours
- **If yes** complete part B & proceed **IMMEDIATELY** to steps 1-5 overleaf
- **If no** and the patient has a head injury or facial injury, no neurological signs is on oral vitamin K antagonists and having a CT scan to determine any abnormality complete part B and step 1 overleaf and await blood & CT results before proceeding further

**B)
Significant history**

- Assess significant history & PMH:
- Is the patient currently taking Aspirin / Clopidogrel / other anti-platelet medication e.g. NSAIDs?
- If taking anti-platelet medication consider the need for platelet transfusion
- Does the patient have liver disease / mechanical heart valve / thrombotic disease?
- Has the patient had an MI / thrombotic stroke / venous thromboembolism in the past 3 months?
- What is the patient's weight? _____ kgs (compulsory info)
- Other:

Assessment completed by: _____ Date: _____ Time: _____

Do not write below this line

Step 1
Investigation

- Insert cannula (if appropriate)
- Take and send urgent bloods - INR, clotting, fibrinogen, FBC, cross match, U&E & LFT
- If this is a life threatening emergency (as defined in part A, overleaf) time is critical - **DO NOT WAIT** for blood results before proceeding to step 2

Step 1 completed by (sig):

@ _____ hrs

Step 2
Initial treatment & advice

- Administer vitamin K 5mg slow intravenous, stat
- Contact duty Haematologist to authorise Octaplex (based on pt weight) & to agree INR to aim for
- Provide significant history & confirm dose authorised: _____ IU
- INR to aim for _____
- Ring blood bank 3316 to request issue (out of hours duty Haematology BMS bleep 526)

Step 2 completed by (sig):

@ _____ hrs

Step 3
Octaplex

- Prescribe Octaplex on pink blood product prescription chart
- Send staff to blood bank to collect octaplex **urgently**
- Reconstitute **IMMEDIATELY** & administer at a rate of 180mls/hr via a BRAUN perfuser:
• Guide for infusion times:
 - 1000IU (40mls) = approximately 14 minutes
 - 2000IU (80mls) = approximately 27 minutes
 - 3000IU (120mls) = approximately 40 minutes

Step 3 completed by (sig):

@ _____ hrs

Step 4
Assess therapeutic effect

- As soon as Octaplex infusion complete take & send a repeat INR from a separate venepuncture site
- Inform Dr responsible for patient of INR _____ result
- Dr _____ informed of INR result @ _____ hrs
- If desired INR not achieved Dr to discuss need for additional Octaplex with duty Haematologist (unless additional dose previously agreed) & repeat step 3
NOTE: maximum total Octaplex dose = 3000IU in 24 hours
- Repeat INR 6 hrs after vitamin K administered to assess if repeat dose of required
- INR _____ result indicates additional vitamin K required? Yes No

Step 4 completed by (sig):

@ _____ hrs

Step 5
Handover

Hand Over of Care:

From (staff/ward): _____ To (staff/ward): _____

- It is **imperative** to handover the next time critical intervention if the patient is transferred to another ward / department:
- Next step _____ due at: _____ hrs

Do not write below this line