

CHECKLIST FOR THE USE OF PROTHROMBIN COMPLEX CONCENTRATES PRCX (PCC)

Patient Name _____
 Site MRN _____
 Date of Birth _____
 PHN _____
 Requesting Physician _____

★ Do not use Prothrombin Complex Concentrate [PRCX (PCC)] if INR is less than or equal to 1.5 because individual coagulation factors are not below levels needed to maintain hemostasis.

Patient Diagnosis _____ Weight (kg) _____
 INR _____ Date and Time of last INR performed _____
 Is patient on warfarin? Yes No Date and Time of last dose of warfarin _____
 Bleeding? Yes No Has patient received Vitamin K? Yes No Vitamin K administered: IV PO
 Has patient received plasma products? (specify) _____

Pathologist consultation is NOT REQUIRED prior to issuing PRCX (PCC) for emergency reversal of warfarin when the INR is greater than 1.5 in the following 3 situations:

- active severe life threatening bleeding
- intracranial hemorrhage
- emergency surgery or invasive procedure within 6 hours (administer 30 minutes prior to procedure)

Administer Vitamin K 10 mg IV and issue PRCX (PCC) at the following dose

If the INR is unknown:

- give 2,000 IU if patient weighs more than 50 kg
- give 1,000 IU if patient weighs less than 50 kg

If the INR is known:

- INR less than 3.0 give 1,000 IU
- INR 3.0 to 5.0 give 2,000 IU
- INR greater than 5.0 give 3,000 IU

★ **Maximum PRCX (PCC) dose should not exceed 3,000 IU**

Pathologist consultation REQUIRED if PRCX (PCC) is requested for any of the following:

- 1. PRCX (PCC) is NOT RECOMMENDED for warfarin reversal in patients with:**
 - a recent venous thromboembolic event
 - recent myocardial infarction unless life or limb situation
 - disseminated intravascular coagulopathy
 - coagulopathy associated with liver dysfunction / disease
 - acute coronary syndrome
- 2. Requests for off-label indications, additional PRCX (PCC), deviations from NAC dosing:**
 - non-warfarin reversal
 - additional doses of PRCX (PCC)
 - other indication (specify) _____
- 3. ABSOLUTE Contraindications to PRCX (PCC) use:**
 - coagulopathies not related to warfarin use or Vitamin K deficiency
 - hypersensitivity to PRCX (PCC) or to any ingredient in the formulation or component of container
 - known HIT or heparin allergy/ sensitivity (both octaplex® and Beriplex® contain heparin)
 - severe IgA deficiency with known antibodies against IgA
 - received or will receive recombinant Factor VIIa (NiaStase RT®)
 - received Dabigatran (Pradaxa®) – give Idarucizumab (Praxbind®) unless PRCX (PCC) prescribed by Hematologist

Pathologist Recommendations and Approval of PRCX (PCC):

Request approved. Issue PRCX (PCC) dose: _____ IU octaplex® / Beriplex® P/N (circle one)

★ **Use National Advisory Committee on Blood and Blood Products (NAC) Recommendations for Use of Prothrombin Complex Concentrates in Canada 16-May-2014 as listed above**

give IV Vitamin K 10 mg with PRCX (PCC) (co-administration is recommended if reversal is required for longer than 6 hours)

repeat the INR 10 to 30 mins and 4 to 6 hours post PRCX (PCC) _____ hours post PRCX (PCC)

Request denied - pathologist comments: _____

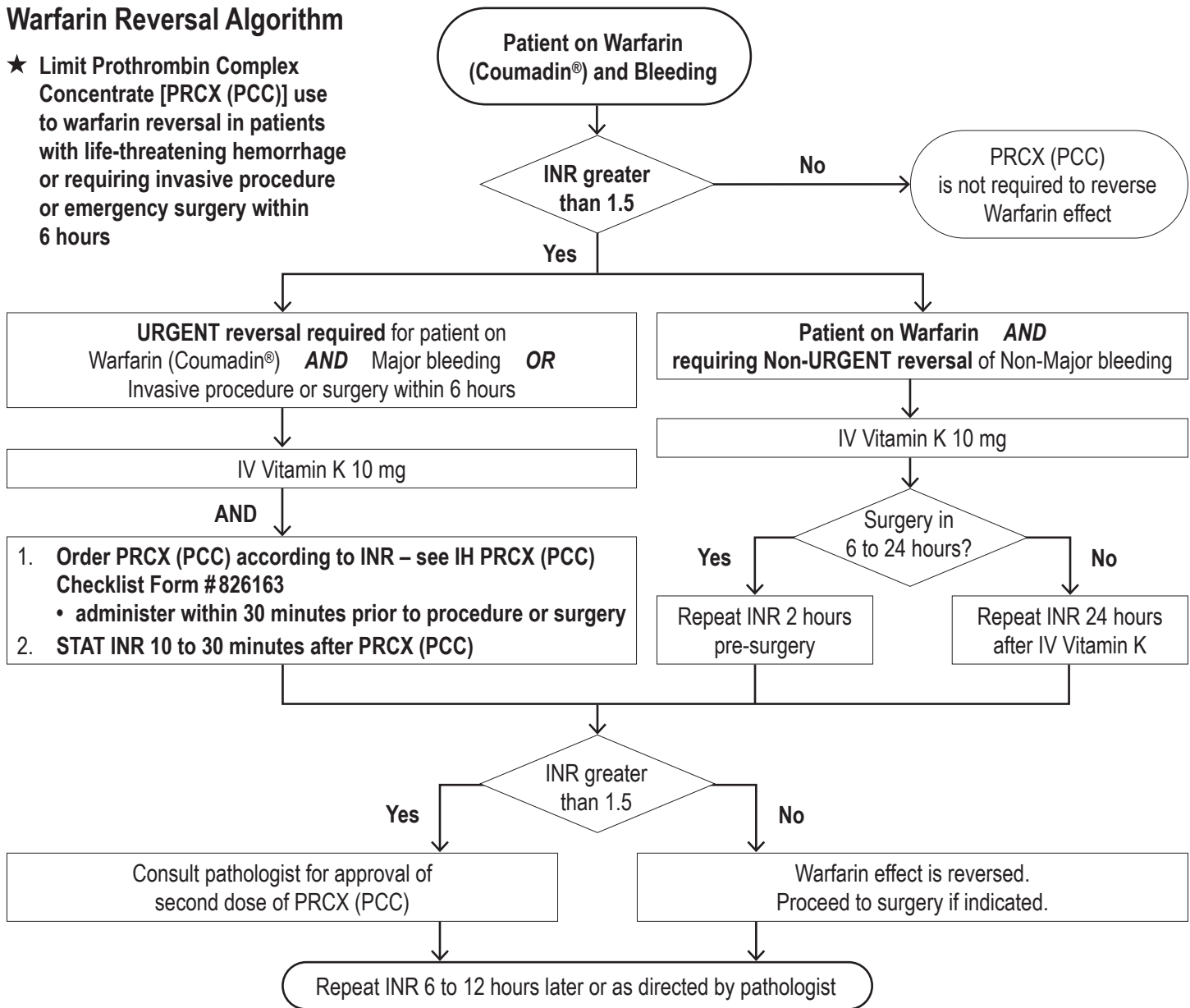
Date (dd/mm/yyyy)	Time (24 hour)	Pathologist/Designate Printed Name	Signature	MSP#
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Warfarin Reversal Algorithm

★ Limit Prothrombin Complex Concentrate [PRCX (PCC)] use to warfarin reversal in patients with life-threatening hemorrhage or requiring invasive procedure or emergency surgery within 6 hours



Notes:

- DO NOT give frozen plasma IN ADDITION to PRCX (PCC). If indicated, transfuse red cells (for severe anemia) or platelets (platelet count less than $50 \times 10^9/L$ OR less than $100 \times 10^9/L$ for neurosurgery or head trauma OR patient on antiplatelet therapy – Bloody Easy 4: Blood Transfusions, Blood Alternatives and Transfusion Reactions. Guide to Transfusion Medicine, 4th Ed. 2016)
- Half-life of PRCX (PCC) is approximately 6 hours; reassess the need for repeat PRCX (PCC) infusion (e.g., if surgery is ongoing, INR greater than 1.5 and patient is still bleeding) at 6 to 12 hr after surgery or a PRCX (PCC) infusion
- In patients with high or very high risk of stroke (e.g. atrial fibrillation with CHADS score 3 or greater, previous stroke, mechanical heart valve), thrombosis (e.g. VTE within past 3 months, cancer-associated thrombosis, antiphospholipid antibody syndrome), consider bridging therapy with LMWH if surgery is expected to occur later than 24 hr after INR reversal.

Algorithm adapted from Vancouver Coastal Health Prothrombin Complex Concentrate Pre Printed Order, with permission to use and customize for IH, from Dr Andrew Shih, MD, FRCPC, DRCPSC, BSc, HRM MSc, Clinical Assistant Professor, University of British Columbia, Medical Director/Regional Medical Leader, Transfusion Medicine, Vancouver Acute/Vancouver Coastal Health Authority and Tyler Smith MD MSc FRCPC, Hematopathologist, VGH Clinical Assistant Professor, UBC, Dept of Pathology and Laboratory Medicine