Emergent Critical Bleeding in Patients on Warfarin

Elevated INR due to warfarin
AND
Life threatening bleed (CNS or NON-COMPRESSIBLE SITE)

<table>
<thead>
<tr>
<th>Product</th>
<th>Where stocked</th>
<th>Dose</th>
<th>Prep time</th>
<th>Infusion time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factor IX Complex (Profilnine® SD)</td>
<td>ED Omnicell Blood Bank</td>
<td>30 International Units/kg IV (actual body weight)</td>
<td>5 min</td>
<td>10 min</td>
</tr>
<tr>
<td>Plasma</td>
<td>Blood Bank</td>
<td>2 units IV</td>
<td>15 min</td>
<td>40-60 minutes</td>
</tr>
<tr>
<td>Vitamin K</td>
<td>Pharmacy</td>
<td>10 mg IV</td>
<td>5 min</td>
<td>15 min</td>
</tr>
</tbody>
</table>

Notes:
1. Infusion of 2 units of plasma is recommended to provide adequate Factor VII activity.
2. There may be instances where patients need more (or less) than this empiric dose.
3. All three products (Factor IX Complex, plasma, and Vitamin K) should be given ASAP to optimize immediate hemostasis.

Warning: thrombosis or disseminated intravascular coagulation (DIC) are serious and potentially fatal adverse reactions associated with the administration of Factor IX Complex concentrates. Infrequent but consistent reports indicate that post-operative patients and patients with liver disease may be predisposed to thrombosis or DIC when treated with Factor IX Complex.

Profilnine® SD should only be administered to patients when the beneficial effects of use outweigh the serious risk of potential hypercoagulation.


This guideline has been designed to assist the clinician in decision making. It is not intended to replace clinical judgment where individual patient characteristics may require modification of the recommendations.