Octaplex for Warfarin Reversal in Life Threatening Bleeding

NHS University Hospitals Sussex NHS Foundation Trust

Indications

1. Cerebral haemorrhage in patients taking warfarin
2. Major bleeding requiring transfusion in patients taking warfarin
3. Urgent reduction of anticoagulation before emergency (NOT elective) surgery in patients taking warfarin

Relative Contraindications

1. Known allergy to PCC (Prothrombin Complex Concentrate)
2. Heparin-induced thrombocytopenia or known allergy to heparin
3. Risk of thrombosis: angina pectoris, recent myocardial infarction/stroke, recent thrombosis (PE/DVT) within 4 weeks, patients with prothrombotic conditions such as antiphospholipid syndrome, disseminated intravascular coagulation, mechanical valves (except in life-threatening haemorrhages following over dosage of warfarin).
4. Liver disease (decompensated)

In cerebral haemorrhage or major bleeding (indication 1&2) if no contraindication **DO NOT** wait for INR prior to commencing Octaplex

- Calculate the dose assuming an INR of 2 and amend once the INR result is known:
- INR 1.4–1.9, continue as if the INR was 2.0
- INR is <1.4 consider stopping the infusion.
- INR is >2, give the extra iu required to make up the total dose.

1	• If indication met and NO contraindication proceed below • If contraindication contact heamatology SpR on bleep #8472 09:00-17:00. OOH contact consultant haematologist via switchboard
2	Send coagulation sample to the lab
3	Weigh/Estimate patient's weight and use table to calculate dose
4	Call transfusion lab *RSCH ext. 4711/bleep #8286, PRH ext. 6103/bleep #8221* to authorise and supply Octaplex
5	Prescribe Octaplex on blood product page of drug chart (effects last approx. 6-8 hours)
6	Call porters to collect from lab when ready
7	Administer Octaplex. Each vial reconstituted with 20 mL of water for injection
8	Give IV starting 1 mL/min, increasing to max 2-3 mL/min. Monitor for tachycardia
9	Give 5–10 mg of IV vit K, onset of action 4-6 hours (avoid in antiphospholipid syndrome and metallic valve)
10	Repeat INR 60 mins post Octaplex administration to ensure INR normalised

Octaplex Dosing (Max dose 3000 iu)

Approximate doses required for normalisation of INR (≤1.2 within 1hr) at different INR levels:

Weight (kg)	INR 2-2.5	INR 2.5-3	INR 3-3.5	INR >3.5
50	1500 iu	2000 iu	2500 iu	2500 iu
60	2000 iu	2000 iu	2500 iu	3000 iu
70	2500 iu	2500 iu	3000 iu	3000 iu
80	2500 iu	3000 iu	3000 iu	3000 iu
90	2500 iu	3000 iu	3000 iu	3000 iu
100	3000 iu	3000 iu	3000 iu	3000 iu

Life threatening bleeding with DOAC

- Contact haematology SpR in hours or consultant OOH
- Octaplex dose 50 iu/kg for reversal of anti Xa drugs
- Idarucizumab used for the reversal of Dabigatran