SRINAGARIND HOSPITAL FACULTY OF MEDICINE KHON KAEN UNIVERSITY	AN : ..... HN : ..... ชื่อสกุล- : ..... อายุ : ..... ปี เพศ : ..... วันที่ : ..... หอผู้ป่วย..... สาขาวิชา.....	Attend staff..... (ว.....) Resident ..... (ว.....) Intern .....

Warfarin Reversal (ver 8 Sep 2024)

Order for warfarin reversal in life-threatening bleeding or required emergency procedure

PATIENT'S HISTORY (Body weight: _____ kg, height _____ cm)

: Dose of warfarin: _____ mg/week ; Detail of dosing: _____

DATE TIME	Orders for one day	DATE TIME	Orders for continuation
	Indication of anticoagulant: ☐ Atrial fibrillation CHADS2 _____ CHA2DS2-VASc _____ ☐ Venous thromboembolism ☐ Mechanical heart valve (Specify valve:_____) ☐ Others: _____ CLINICAL EVALUATION: Time of assessment: _____ Site of bleeding: _____ INR level: _____ LABORATORY EVALUATION: ☐ CBC ☐ BUN, Cr, electrolyte, LFT ☐ PT, aPTT, INR INDICATION OF REVERSAL: Meet all criteria (1 plus 2.1 or 2.2) 1. Prolonged INR 2.1 Major bleeding ☐ Bleeding in critical site ☐ Hb drops ≥ 2 g/dL or requiring ≥ 2 units of PRBC ☐ Hemodynamic instability 2.2 ☐ Require emergency surgery or invasive procedure		**Administration of reversal agents** ☐ Vitamin K 10 mg iv rate 1mg/min (non-mechanical heart valve) ☐ Other dosing of Vitamin K: _____ Factor replacement: ☐ G/M FFP _____ ml (15-20 ml/kg) iv drip free flow ** Aware in patients with cardiac conditions or patient with high-risk for circulatory overload ☐ Chlorpheniramine 10 mg iv before drip FFP ☐ Furosemide _____ mg iv before drip FFP ☐ 4-factors Prothrombin complex concentration (4F-PCC, Prothromplex® 600 IU/vial): _____ IU iv slowly drip (60 IU/min) Recommended dosing for 4F-PCC for target INR: - Initial INR 2.0-3.9: 25 IU/kg - Initial INR 4.0-6.0: 35 IU/kg - Initial INR >6.0: 50 IU/kg LABORATORY RE-EVALUATION: After 15 minutes of vitamin K and factor replacement administration, please take a blood sample for: ☐ PT, PTT, INR

วันที่ เวลา/:	แพทย์ผู้บันทึก : ..... ลายเซ็นแพทย์ : .....(ว.....)