



SRINAGARIND HOSPITAL  
FACULTY OF MEDICINE  
KHON KAEN UNIVERSITY

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ชื่อสกุล : .....  
อายุ : ..... ปี เพศ : .....  
วันที่ : .....  
หอผู้ป่วย.....  
สาขาวิชา.....

Attend staff.....  
(ว.....)  
Resident .....  
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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
	<p>Indication of anticoagulant:</p> <p><input type="checkbox"/> Atrial fibrillation CHADS2 _____ CHA2DS2-VASc _____</p> <p><input type="checkbox"/> Venous thromboembolism <input type="checkbox"/> Mechanical heart valve (Specify valve: _____) <input type="checkbox"/> Others: _____</p> <p>CLINICAL EVALUATION: Time of assessment: _____ Site of bleeding: _____ INR level: _____</p> <p>LABORATORY EVALUATION: <input type="checkbox"/> CBC <input type="checkbox"/> BUN, Cr, electrolyte, LFT <input type="checkbox"/> PT, aPTT, INR</p> <p>INDICATION OF REVERSAL: Meet all criteria (1 plus 2.1 or 2.2) 1. Prolonged INR 2.1 Major bleeding <input type="checkbox"/> Bleeding in critical site <input type="checkbox"/> Hb drops <input type="checkbox"/> 2 gdL or requiring <input type="checkbox"/> 2 units of PRBC <input type="checkbox"/> Hemodynamic instability 2.2 <input type="checkbox"/> Require emergency surgery or invasive procedure</p>		<p><b>Administration of reversal agents</b></p> <p><input type="checkbox"/> Vitamin K 10 mg iv rate 1mg/min (non-mechanical heart valve) <input type="checkbox"/> Other dosing of Vitamin K: _____</p> <p>Factor replacement:</p> <p><input type="checkbox"/> 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 <input type="checkbox"/> Chlorpheniramine 10 mg iv before drip FFP <input type="checkbox"/> Furosemide _____ mg iv before drip FFP</p> <p><input type="checkbox"/> 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 &gt;6.0: 50 IU/kg</p> <p>LABORATORY RE-EVALUATION: After 15 minutes of vitamin K and factor replacement administration, please take a blood sample for: <input type="checkbox"/> PT, PTT, INR</p>

วันที่ เวลา: .....

แพทย์ผู้บันทึก : ..... ลายเซ็นแพทย์ : .....(ว.....)