Regina Qu'Appelle HEALTH REGION

PRACTITIONER PRE-PRINTED ORDERS
Prothrombin Complex Concentrates
(PCC, Octaplex®, Beriplex®)
Provided by Transfusions (Fax to 306-766-4004)

To complete the order form, fill in required blanks and/or check the appropriate boxes.
Bulleted items will be initiated automatically.
To delete orders, draw one line through the item and initial.

Allergies: **See Allergy / Intolerance Record**	Patient Weight _____ kg ☐ Estimated ☐ Actual

Posted Initial	**ORDERS AND SIGNATURE**	**Page 1 of 1**

Confirm informed consent for transfusion obtained and documented (RQHR 1163 or 370/254)
- Document acceptance of prothrombin complex concentrates if refusing other blood products

Indication: (Check all applicable boxes)
- Life threatening hemorrhage, AND (choose at least ONE):
  - ☐ Plasma risk detrimental to patient condition (Volume overload, Congestive Heart Failure)
  - ☐ Signed refusal for administration of Blood/Blood Components and/or Products
  - ☐ Massive hemorrhage, trauma, or cardiac surgery
  - ☐ Invasive procedure unable to delay 6 hours and on warfarin therapy or Vitamin K deficiency

Off label uses of PCCs: (Check appropriate box)
- ☐ Coagulopathy associated with liver dysfunction (increased thrombosis)
- ☐ Reversal of X_a inhibitor anticoagulant
- ☐ Specific populations: Pediatric, Pregnant, or Congenital Factor Deficiency

Not recommended:
- Reversal of dabigatran (use idarucizumab)
- Recent history of thrombosis, myocardial infarction, Disseminated Intravascular Coagulation (DIC)

Contraindications:
- Heparin Induced Thrombocytopenia (HIT)
- Treatment of INR without major bleeding or surgery in more than 6 hours (use Vitamin K alone)

Consults / Referrals
- If patient does not meet the indications identified above, Transfusion Medicine physician approval is required. Contact the RGH Switchboard at 306-766-4444 and ask for physician on call for Transfusion.

Treatments

Prothrombin Complex Concentrates (PCC) Dosing Recommendations:

	INR 1.8 – 3	**INR 3.1 – 5**	**INR greater than 5**
Dose of PCC (25 U/mL)	40 mL (1,000 units)	80 mL (2,000 units)	120 mL (3,000 units)

As per Nursing Procedure P.26, transfuse at the following rate of infusion:
1. BERIPLEX® IV at a maximum of 8 mL/min
2. OCTAPLEX® IV at 1 mL/min for 5 minutes, increasing to a maximum rate of 3 mL/min

☐ Transfuse _____ units PCC IV STAT as provided by the Transfusion Medicine Laboratory (TML)

☐ Provide _____ units PCC STAT WITHOUT reconstitution as provided by the TML
- INR 10 – 30 minutes post infusion STAT (Goal: INR less than 1.8)
  NOTE: Repeat PCC once if target INR not achieved and insufficient timeframe for vitamin K to achieve target INR

Vitamin K Considerations and Dosing Recommendations[1]:
Administer vitamin K in conjunction with PCCs if reversal is required for more than 6 hours. For critical bleeding, administer 10 mg vitamin K PO/IV. In a non-bleeding patient, administer 2 – 5 mg PO/IV.

☐ vitamin K _____ mg ☐ IV STAT **OR** ☐ PO ☐ IV

[1] https://transfusionontario.org/wp-content/uploads/2022/10/Bloody-Easy-5-EN.pdf

Date & Time	**Practitioner Signature:**
	Practitioner Name (printed):