
Consider administration of 10 mL/kg FFP if patient can tolerate fluid and reversal is not emergent.

Suspicious warfarin (Coumadin) therapy AND Active Bleeding

- Obtain STAT labs (INR)
  - PT/INR
  - CBC
  - Type and Cross
  - BMP
  - POC INR

POC INR and INRPT will result in the ED to help guide management as described below. TEG will assist inpatient teams in monitoring anticoagulation.

INR at or above goal AND significant bleeding?

- Consider activating consultants for surgical intervention
- Mechanical compression
- Transfusion protocol
- Hemodynamic support

Warfarin-associated severe bleeding?

INR above therapeutic goal AND no significant bleeding?

- INR > therapeutic goal but < 4.5
  - Reduce dose or hold next dose
  - Discontinue may not be required if only slightly above therapeutic/INR range
  - Monitor INR and resume warfarin at lower dose when INR is therapeutic

- INR 2.5 but < 10
  - Hold warfarin
  - Phenytoin (phenytoin) not routinely recommended
  - Monitor INR and resume warfarin at lower dose when INR is therapeutic

- INR 2-10
  - Hold 1-2 doses of warfarin
  - Give DDAU, phenindione (phenindione) 25-50 mg
  - Monitor INR and resume warfarin at lower dose when INR is therapeutic

Administer phytonadione (vitamin K) VTP 10 mg in N/S over 60 minutes AND PCC (Kcentra)

INR 1.5-1.9

- INR 2-5
- INR > 5

- PCC
- Phytonadione (vitamin K) 10 mg
- FFP or PCC + Phytonadione (vitamin K) 10 mg
- FFP or PCC + Phytonadione (vitamin K) 10 mg

Does patient require reversal for an emergent procedure?

- Mechanical compression
- Symptomatic treatment
- Consider activating consult for surgical intervention if necessary

Pre-treatment INR 2 to 4

- Pre-treatment INR 4 to 6
- Pre-treatment INR > 6

- PCC dose: 25 units/kg (max dose 2500 units)
- PCC dose: 25 units/kg (max dose 2500 units)
- PCC dose: 50 units/kg (max dose 5000 units)

- FFP
- Phytonadione (vitamin K) 10 mg
- FFP or PCC + Phytonadione (vitamin K) 10 mg
- FFP or PCC + Phytonadione (vitamin K) 10 mg

Chestered 2/11/20
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