Prothrombin Complex Concentrate (PCC4) and Recombinant Activated Factor VII (rFVIIa) in Adult Trauma Patients with acute life threatening bleeding without anticoagulation-related intracranial hemorrhage and not currently receiving Tranexamic Acid

Intracranial hemorrhage with INR greater than 1.2 and on anticoagulation

Refer to anticoagulation reversal guidelines

Intracranial hemorrhage with INR greater than or equal to 1.5, NOT on warfarin and not responding to traditional coagulation resuscitation (FFP, cryoprecipitate, calcium, platelets)

No intervention planned

No need for Concentrated Clotting factors

Traumatic life-threatening bleed with INR greater than or equal to 1.5, NOT on warfarin and not responding to traditional coagulation resuscitation (FFP, cryoprecipitate, calcium, platelets)

Give rFVIIa 80mcg/kg IBW (max dose = 6mg; usual dose = 4-6mg)

Active exsanguination and coagulopathy without sufficient time for traditional coagulation resuscitation (FFP, cryoprecipitate, calcium, platelets)

Give rFVIIa 20-40mcg/kg IBW (usual and max dose = 1-2mg)

Active bleeding and/or intervention planned

If criteria not met: Call CPCS unless patient is in the ED and the ED pharmacist is here, then call ED pharmacist.

ICH with NO anticoagulant therapy

If no coagulopathy present – No product recommended

If coagulopathy present, call CPCS, ED or the Anticoagulation Service

If DIC and Active bleeding - TXA

Active Bleeding and/or Intervention planned

No intervention planned

No need for Concentrated Clotting factors

ABW=actual body weight
IBW=ideal body weight
**INR and CBC orders to be sent priority one

Approved by P&T Committee 5/2017