

**GUIDELINES ON THE MANAGEMENT OF EXCESSIVE ANTICOAGULATION, BLEEDING
AND EMERGENCY SURGERY IN PATIENTS ON COUMARIN ANTICOAGULATION***

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| <p>Major Bleeding (life or limb threatening bleeding)</p> <p>OR</p> <p>Strong suspicion of intracerebral bleeding</p> <p><u>NB. Patients on warfarin presenting with a strong suspicion of intracerebral bleed should have their anticoagulation reversed before the results of any investigations.</u></p> <p>OR</p> <p>Emergency surgery that cannot be delayed for 6 hours and INR > 1.6</p> | <ul style="list-style-type: none"> • Stop Warfarin. • Immediate IV administration of : <ol style="list-style-type: none"> 1. Phytomenadione (Vitamin K₁) 5 mg <p>AND</p> <ol style="list-style-type: none"> 2. Prothrombin Complex Concentrate (Octaplex) 25 units/Kg. <p>POST-INFUSION MONITORING & REPEAT DOSES: 15 minutes following (Octaplex) infusion:</p> <ul style="list-style-type: none"> • Recheck FBC, INR, APTT & fibrinogen. • If bleeding remains unabated and / or INR remains >1.6: further dosing <i>may be indicated</i>. Consult on-call haematologist consultant. <p><u>NB. The maximum single dose of Octaplex should not exceed 3000 units (120ml)</u></p> |
| Emergency surgery, can be delayed for 6–12 hours | <ul style="list-style-type: none"> • IV Phytomenadione (Vitamin K₁) 5mg. |
| Minor bleeding: INR > 8.0 | <ul style="list-style-type: none"> • IV Phytomenadione (Vitamin K₁) 3 mg. • Withhold Warfarin. • Check INR daily until INR <5.0 |
| No bleeding: INR>8.0 | <ul style="list-style-type: none"> • Withhold Warfarin • Oral Phytomenadione (Vitamin K₁) 2mg. • Check INR daily until INR <5.0 • Repeat dose if INR still >8 after 24 hours • Restart warfarin when INR <5.0 |
| No bleeding: INR>5.0 | <ul style="list-style-type: none"> • Withhold 1 or 2 doses of warfarin • Check INR in 24-72h or as clinically indicated • Restart warfarin when INR <5.0 • Reduce subsequent maintenance dose. |

* BCSH Guidelines on oral anticoagulation with warfarin – fourth edition, BJH 2011.

** Most wards stock Phytomenadione (Vitamin K₁)