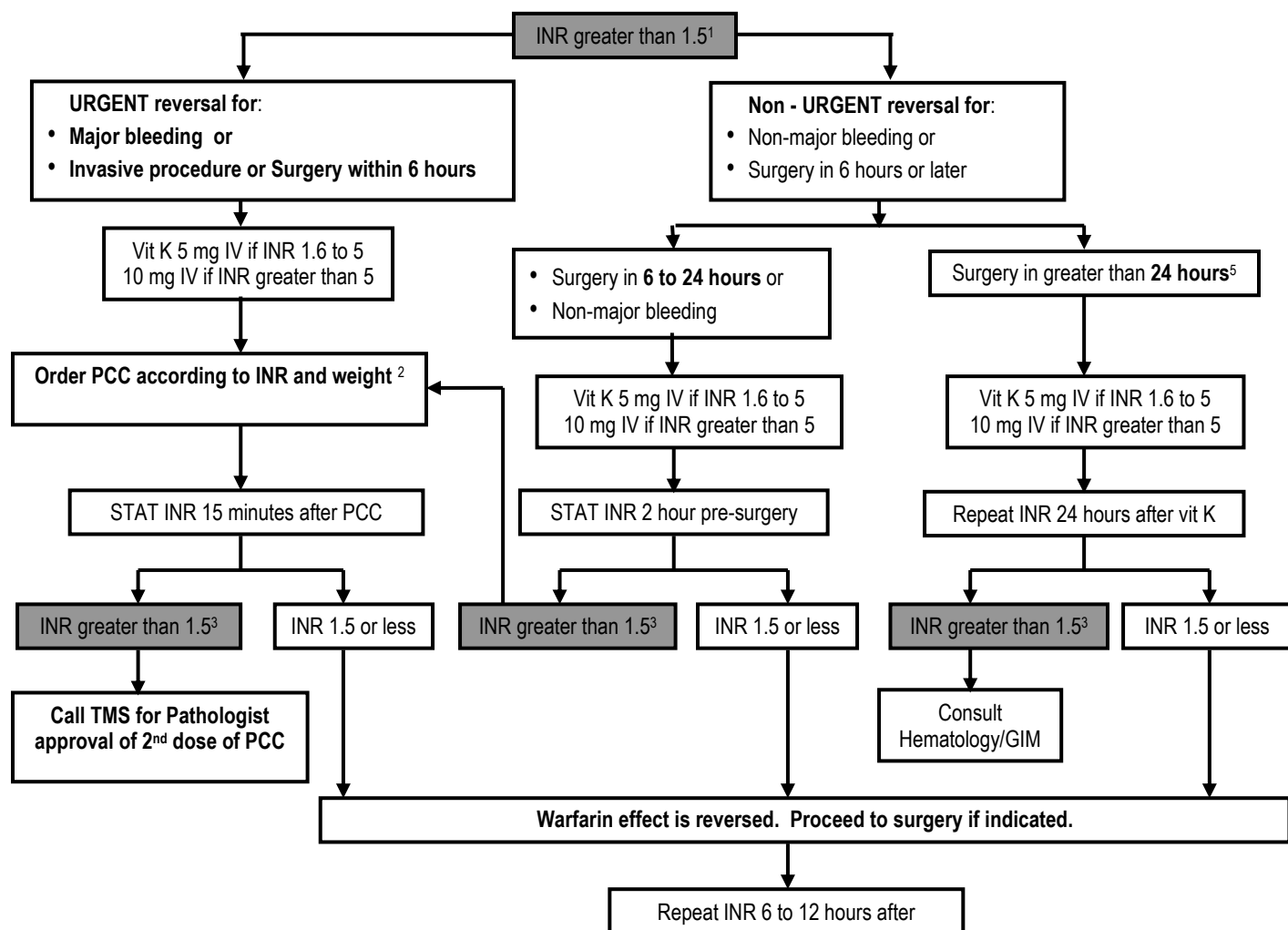


FLOW CHART FOR WARFARIN REVERSAL¹



PCC, prothrombin complex concentrate; vit K, vitamin K; GIM, General Internal Medicine.

Footnotes:

1. Inform patient/family that PCC can cause thromboembolic complications (e.g. stroke, MI, DVT, PE) Report all adverse events after administration of PCC to the TMS
2. This algorithm is recommended for Warfarin reversal ONLY and should not be used for reversal of other anticoagulants.
3. DO NOT give frozen plasma IN ADDITION to PCC. If indicated, transfuse red cells (for severe anemia) or platelets (e.g., platelet count less than $50 \times 10^9/L$ or patient on antiplatelet therapy).
4. If INR is greater than 1.5 after one dose of vitamin K or one dose of PCC, contact TMS and/or consult Hematology for further assistance.
5. Half-life of PCC is approximately 6 hours therefore, MD should reassess the need for repeat PCC infusion (e.g., if surgery is ongoing, INR 1.5 or greater and patient is still bleeding) at 6 to 12 hr after surgery or PCC infusion.
6. In patients with high or very high risk of stroke (e.g. atrial fibrillation with CHADS score 3 or greater, previous stroke, mechanical heart valve), thrombosis (e.g. VTE within past 3 months, cancer-associated thrombosis, antiphospholipid antibody syndrome), consider need for bridging therapy with LMWH if surgery is expected to occur later than 24 hr after INR reversal.

THESE GENERAL RECOMMENDATIONS DO NOT REPLACE CLINICAL JUDGEMENT. PHYSICIANS MUST CONSIDER RELATIVE RISKS AND BENEFITS IN EACH PATIENT IN APPLYING THIS GUIDANCE.