

Society of Trauma Nurses Warfarin Rapid Reversal Pathway

Known Warfarin Therapy with acute trauma above the clavicles

➤ History of Warfarin use and head trauma WITH CT evidence of intracranial bleeding.

NO

YES

- Significant signs of head trauma.
 - GSC \leq 14, positive loss of consciousness

YES-admit to Hospitalist

NO-DC home

- STAT bedside PT/INR and blood bank tube.
- Consult Neurosurgery

INR \leq 1.4

INR $>$ 1.8

- Vitamin K (IM OR IV)
 - Start ASAP
- If Vitamin K is given IV, then infuse over 1 hour to decrease the risk of anaphylaxis

- Vitamin K (IM OR IV) STAT
 - PCC per wt based dosing scale
- | | | |
|------------|---------|----------------------|
| 35-50 Kg = | 1500 IU | 96-110 Kg = 3500 IU |
| 51-65 Kg = | 2000 IU | 111-125 Kg = 4000 IU |
| 66-80 Kg = | 2500 IU | >126 Kg = 4500 IU |
| 81-95 Kg = | 3000 IU | |
- FFP 2 units stat type specific if possible, otherwise AB

- Repeat Head CT in 3 hours or STAT with any signs/symptoms of increasing ICP.
- Repeat PT q 6 hours for 24 hours or as needed.

- PT/PTT, fibrinogen CBC STAT

INR \leq 1.4

INR \geq 1.8

Head CT **positive** for ICH

Head CT **Negative** for ICH

CONSIDER

- Continue Vitamin K (IM/IV)

CONSIDER

- PCC Repeat initial dose
- If fibrinogen $<$ 100mg/dl – 10 units Cryoprecipitate or 2 Unit(s) FFP

DC home with appropriate instructions and follow-up

- Repeat Head CT in 4 -6 hours or with any signs/symptoms of increasing intracranial pressure.
- Repeat PT q 6 (six) hours for 24 hours or until INR \leq 1.4
- CONSIDER
- Use of retrievable IVC in patients w/ hx of DVT, PE, coagulopathies, valve replacement