Clinical Guideline

OCTAPLEX (PCC) MANAGEMENT OF BLEEDING ON ORAL ANTICOAGULANTS

SETTING Trust-wide

FOR STAFF Medical Staff

PATIENTS Patients requiring octaplex to treat severe bleeding on warfarin or Direct X inhibitors (apixaban, Edoxaban, rivaroxaban)

Guidance

OCTAPLEX (Prothrombin Complex Concentrate or PCC) is a plasma-derived concentrate of factors II, VII, IX and X that may be used for emergency treatment of severe (life threatening) bleeding in patients receiving warfarin.

OCTAPLEX is available in a single vial size of 500U.

Reconstitute OCTAPLEX to the nearest whole vial up to a maximum dose of 3000u. Infusion should occur over 5 – 15 minutes if tolerated (disregard product insert which suggests very slow infusion).

Emergency reversal and INR >5 recommended ~30u/Kg OCTAPLEX + 5mg Vit K iv

Emergency reversal and INR <5 recommended ~20u/kg OCTAPLEX + 5mg Vit K iv

Octaplex may also rarely be recommended (after discussion with Haematology) to manage critical bleeding in patients on other oral anticoagulants e.g. Apixaban, rivaroxaban. In this setting up to 50iu/Kg may be used.

There is a specific reversal agent for Dabigatran (Idarucizumab or Praxibind) which is stored in the emergency fridge.

Issue instructions:

- Seek authorisation from Haematology registrar.
- Adult patients bleep [redacted] 9am-5pm or out of hours on-call Adult Haematology Registrar (via switch).
- Paediatric patients bleep [redacted] 9am-5pm or out of hours Paediatric Haematology registrar via switch.
- Once the product has been authorised clinical team need to phone blood bank ext [redacted] to order. Minimum information required: patient details, weight, dose required* and name of authorising Haematologist.
- Collection will require a completed prescription chart (or photocopy) to be taken to blood bank.

More information: http://www.medicines.org.uk/emc/medicine/21897/SPC/octaplex.

*Dose selection guide by patient weight:

Patient weight	Dose ~20 U/Kg	Dose ~30 U/Kg	Dose ~50U/kg
47 – 54Kg	1,000 U	1,500 U	2,500U
55 – 71Kg	1,000 U	2,000 U	3,000U
72 – 96Kg	1,500 U	2,500 U	3,000U
97 – 114Kg	2,000 U	3,000 U	3,000U
115 – 134Kg	2,500U	3,000U	3,000U
135Kg	3,000U	3,000U	3,000U

For patients on warfarin, recheck clotting screen post infusion and again at six hours to ensure no further dose is required.

Table A

REFERENCES	http://www.medicines.org.uk/emc/medicine/21897/SPC/octaplex
RELATED DOCUMENTS AND PAGES	Noac Apixaban Eliquis Or Rivaroxaban Xarelto Management Of Haemorrhage And Or Emergency Surgery http://nww.avon.nhs.uk/dms/download.aspx?did=18642 Noac Dabigatran Pradaxa Management Of Haemorrhage And Or Emergency Surgery http://nww.avon.nhs.uk/dms/download.aspx?did=18641
AUTHORISING BODY	Thrombosis and Anticoagulation Committee
SAFETY	None
QUERIES AND CONTACT	Haematology SpR – adults bleep [redacted] or via switchboard if out of hours. Paediatrics bleep [redacted] or via switchboard if out of hours.