

## Trauma/SICU Reversal of Pre-Injury/Illness Bleeding

The following are guidelines for emergent intervention in the setting of potential life threatening injuries with potential of bleeding. Including but not limited to: SDH, EDH, Intracerebral contusions, Grade III, IV, V solid organ injury, unstable pelvic fracture, pelvic fracture with associated blush or significant hematoma. If questions, discuss with trauma attending.

### Antiplatelet (Plavix) therapy

- 1 dose of platelets

### Coumadin therapy, INR unknown and severe bleeding

- Vitamin K 10 mg IV slowly
- Consider Bebulin 50 U/kg for life-threatening bleeding before INR is known
- FFP 2-6 units (~10-20 mL/kg) if INR still elevated after dosing

### Coumadin, INR known and hemodynamically stable but potential for life threatening bleeding\*

- Vitamin K 10 mg IV slowly
- Consider Bebulin for urgent reversal if serious bleeding develops, dosing per table below.
- FFP 2-4 units if INR still elevated.

### Bebulin

Use: Bebulin can be considered for use in a patient who needs rapid correction of coagulopathy secondary to Coumadin. *Bebulin is not indicated for other causes of coagulopathy.*

Target INR for Bebulin <1.5. Do not expect Bebulin to lower INR to normal levels.

Repeat doses of Bebulin are not indicated or helpful.

#### **Dosing Bebulin in Serious Bleeding for Coumadin Reversal**

<b>INR</b>	<b>Dosing</b>
2-3.9	Dose 25 IU/kg
4-5.9	Dose 35 IU/kg
>6	Dose 50 IU/kg
Elderly	Total dose 500 IU and follow

Hanley JP. Warfarin Reversal. *Journal of Clinical Pathology* 2004; 57:1132-1139.

\*For less severe bleeding or injury, refer to Hospital Guideline for Coumadin reversal in the Handbook or on Ruby Online.