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.

<table>
<thead>
<tr>
<th>INR</th>
<th>Dosing</th>
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<tbody>
<tr>
<td>2-3.9</td>
<td>Dose 25 IU/kg</td>
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<tr>
<td>4-5.9</td>
<td>Dose 35 IU/kg</td>
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<tr>
<td>&gt;6</td>
<td>Dose 50 IU/kg</td>
</tr>
<tr>
<td>Elderly</td>
<td>Total dose 500 IU and follow</td>
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*For less severe bleeding or injury, refer to Hospital Guideline for Coumadin reversal in the Handbook or on Ruby Online.

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