MMC Guideline for Reversal of Warfarin-Associated CNS Hemorrhage

**Warfarin-Associated CNS Hemorrhage**
INR >1.5*

**Within 30 minutes:**
Massive Transfusion Coag Panel** STAT
Vitamin K 5 mg IV STAT

**Kcentra (4-factor PCC) Dosing:**
- INR 1.6 to 1.9: 15 units/kg (max 1500 units)
- INR 2 to 3.9: 25 units/kg (max 2500 units)
- INR 4 to 5.9: 35 units/kg (max 3500 units)
- INR 6 or greater: 50 units/kg (max 5000 units)

30 minutes post dose:
Massive Tranfusion Coag Panel** STAT

Other coagulation abnormalities?

Fibrinogen <100 mg/dL: Transfuse cryoprecipitate 1 unit per 10kg
Platelets <100,000: transfuse 1 pheresis unit of platelets

INR >1.5?

Repeat INR at 6 and 12-24 hours

NOTIFY PROVIDER IMMEDIATELY

*Reversal guidelines were developed for patients with elevated INR due to warfarin use. It is unknown whether this is a useful intervention in chronic liver disease. Elevated INR due to DIC is a relative contraindication.

**includes INR, PTT, fibrinogen, platelet count
Kcentra should not be given if care is deemed futile.
Kcentra may increase the risk of arterial or venous thrombosis, especially with recent history (≤3 months) of thromboembolic events.