(place patient label here)

Patient Name: _

 Order Set Directions:
 >
 (√) - Check orders to activate; Orders with pre-checked box ☑ will be followed unless lined out.

 >
 Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made

 >
 Initial each page and Sign/Date/Time last page

BENEFIS HEALTH SYSTEM Benefis Hospitals PROVIDER ORDERS

Diagnosis: _

Allergies with reaction type:_

ED Anticoagulation Reversal

Nursing Orders

- ☑ Vital signs per unit standard
- Vital signs non unit standard ______
- Cardiac monitor
- ☑ Pulse oximetry continuous
- ☑ Oxygen Delivery RN/RT to Determine Titrate to maintain Oxygen saturation greater than 90%
- ☑ Assess neurologic status
- ☑ IF Kcentra ordered redraw PT and INR 30 minutes after infusion completed

IV/ Line Placement

☑ Peripheral IV insert/maintain x 2

For patients who have serious or life-threatening bleeding associated with warfarin use

- Up to Date Reversal of anticoagulation in warfarin-associated intracerebral hemorrhage (see link)
- BENEFIS Pharmacy recommendations for reversal of anticoagulation in warfarin-associated intracerebral hemorrhage (see link)
 - Medications
 - Select vitamin K with one KCentra
 - phytonadione (VITAMIN K) in 50 mL Normal Saline
 - □ 10 milligram intravenously once Infuse over 15 minutes
 - Kcentra
 - □ 25 unit/kilogram intravenously [MAX 2500 units] Select for INR 2 to less than 4; Infusion rate not to exceed 8.4 mL/min (210 units/minute)
 - □ 35 unit/kilogram intravenously [MAX 3500 units] Select for INR 4-6; Infusion rate not to exceed 8.4 mL/min (210 units/minute)
 - □ 50 unit/kilogram intravenously [MAX 5000 units] Select for INR greater than 6; Infusion rate not to exceed 8.4 mL/min (210 units/minute)

Laboratory

□ PT (PROTIME AND INR)

For patients who have serious or life-threatening bleeding associated with target-specific oral anticoagulants

• For Up to Date recommendations for management of bleeding in patients receiving target specific oral anticoagulants see attached link.

For direct thrombin inhibitor: dabigatran (PRADAXA) related bleeding

- For BENEFIS pharmacy recommendations for management of bleeding in patients receiving dibigatran (PRADAXA) see attached link.
- Emergent hemodialysis is recommended. Each hemodialysis session will remove ~65% of remaining dabigatran over 4 hours Medications
 - If the last dose within 2-3 hours SELECT activated charcoal
 - □ 50 gram orally once

Initials_____

Version 1 8/18/15

(place patient label here)

Patient Name: _



Use

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 - Consider the following IF risk of death imminent (see up to date or Benefis pharmacy links above for more information)
 - Select vitamin K with KCentra
 - Kcentra
 - □ 50 unit/kilogram intravenously [MAX 5000 units]; Infusion rate not to exceed 8.4 mL/min (210 units/minute)
 - phytonadione (VITAMIN K) in 50 mL Normal Saline
 - □ 10 milligram intravenously once Infuse over 15 minutes
 - tranexamic acid (CYKLOKAPRON)

□ 10 milligram/kilogram BOLUS intravenously once

- Laboratory
 - 🗆 PTT

For direct factor Xa inhibitors: rivaroxaban (XARELTO), apixaban (ELIQUIS) or edoxaban (SAVAYSA) related bleeding

- For BENEFIS pharmacy recommendations for management of bleeding in patients receiving direct factor Xa inhibitors: rivaroxaban (XARELTO), apixaban (ELIQUIS) or edoxaban (SAVAYSA) see attached link.
- Consider FFP
 - Medications
 - If the last dose within 2-6 hours SELECT activated charcoal
 - □ 50 gram orally once
 - Select vitamin K with KCentra Kcentra
 - □ 50 unit/kilogram intravenously [MAX 5000 units]; Infusion rate not to exceed 8.4 mL/min (210 units/minute)

phytonadione (VITAMIN K) in 50 mL Normal Saline

□ 10 milligram intravenously once Infuse over 15 minutes

Laboratory

- PT may be used as a qualitative, NOT quantitative, measure of anticoagulation
- INR should NOT be used for evaluation of rivaroxaban, apixaban or edoxaban
 PT (PROTIME AND INR)
 - □ HEPARIN ANTI-Xa, LOW MOLEC WT

Additional Laboratory

□ CBC/AUTO DIFF

Blood Bank

□ TYPE AND SCREEN (Select only if not ordering blood products)

Fresh Frozen Plasma (FFP) Orders:

- FFP (BBK)
 - Quantity:
 - □ If product is for OR, when (if known): _____
 - □ Special Instructions for Blood Bank: ____
- FFP Transfuse Nurse Instructions
 - □ units to transfuse:__
 - □ Hold maintenance IV fluid during transfusion [] Yes [] No
 - Additional instructions for nursing: _____
 - Normal Saline ONLY with transfusion of FFP. May start second Peripheral IV if needed for transfusion

Packed Cells (RBC) Orders:

(place patient label here) Patient Name: Order Set Directions: > (√)- Check orders to activate; Orders with pre-checked box ☑ will be followed unless lined out. > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made > Initial each page and Sign/Date/Time last page	BENEFIS HEALTH SYSTEM BENEFIS HOSPITALS PROVIDER ORDERS
Packed Cells (TYPE & CROSS) (BBK) Quantity: Irradiated CMV negative If product is for OR, when (if know) Additional Instructions for Blood Bank: Packed Cell Transfuse Nurse Instructions Units to transfuse: milliliters to transfuse: Duration: Hold maintenance IV fluid during transfusion []Yes []No Additional instructions for nursing: Normal Saline ONLY with transfusion of packed cells Packed Cell Units to keep ahead: Platelet Orders:	
Platelet Orders: Platelets (BBK) Quantity: Irradiated CMV negative If product is for OR, when (if known) Special Instructions for Blood Bank: Platelet Transfuse Nurse Instructions units to transfuse Instructions Units to transfuse: Duration: Hold maintenance IV fluid during transfusion [] Yes [] No Additional instructions for nursing: Normal Saline ONLY with transfusion of platelets. May start second Per transfusion	Use

Provider Signature: ______Date: ______Time: ______

BENEFIS HEALTH SYSTEM