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NHS BORDERS GUIDE TO REVERSAL OF ORAL ANTICOAGULATION ON WARFARIN
CLASSIFICATION OF BLEEDING COMPLICATIONS

NHS Borders

BLEEDING

MAJOR ♥

† **Vitamin K 5mg IV and Beriplex P/N* IV**
Withold warfarin

Initial INR	Beriplex Dose
2.0-3.9	1mL/kg (approx 25iu/kg)
4.0-6.0	1.4mL/kg (approx 35iu/kg)
>6.0	2mL/kg (approx 50iu/kg)

*Beriplex P/N is human prothrombin complex containing Factors II, VII, IX, X and proteins C and S)

Please see attached monograph for Beriplex dosage, administration and for details of infusion rates and how to prepare and administer.

Immediate check PT and APTT

Adequate correction

Repeat PT and APTT in 4-6 hours

Inadequate correction

Consider other factors contributing to prolonged coagulation tests

e.g. DIC
Congenital coagulation factor deficiency
Liver disease
Lupus inhibitor
Inadequate replacement

SEEK HAEMATOLOGICAL ADVICE

MINOR

♠ **Vitamin K 2mg orally/IV**
Withold warfarin

Check INR at 24 hours or earlier if deterioration in clinical condition.

NO BLEEDING

INR ≥ 7

♠ **Vitamin K 2mg orally/IV**
Withold warfarin

Check INR at 24 hours

INR 4.5 – 6.9

High Risk *

♠ **Vitamin K 1mg orally/IV**
Withold warfarin

Low Risk

Reduce warfarin dose or withhold one dose

Classification of Haemorrhage

Fatal
Death due to haemorrhage (Demonstrated at autopsy, radiologically or clinically obvious)

Major ♥
Intracranial (CT or MRI documented)

Retroperitoneal (CT or MRI documented)

Intra-ocular (excludes conjunctival) Spontaneous

muscle haematoma
associated with compartment syndrome
Pericardial

Non-traumatic intra-articular

Any invasive procedure to stop bleeding Active bleeding

from any orifice plus
BP≤90mmHg systolic,or oliguria or
≥20g/l fall in haemoglobin

Minor
Any other bleeding that would not influence your decision to anticoagulate a patient

Adapted from NHS Lothian guidance March 2016.
Updated October 2021. Review Date April 2023

Cautions
♦Beriplex P/N contains heparin and is contraindicated in patients with heparin induced thrombocytopenia (present or previous)
Beriplex P/N is also relatively contraindicated in patients with:

1. An increased risk of thrombosis
2. Angina pectoris and after recent myocardial infarction

In all clinical situations an assessment of the likely risks and benefits of administration needs to be made.

In disseminated intravascular coagulation, prothrombin complex-preparations (e.g. Beriplex P/N) may only be administered after termination of the consumptive state.

† Intravenous vitamin K (phytomenadione) may rarely cause anaphylaxis. The Konakion MM 10mg/mL should be used for intravenous administration. Administration should be:
•By slow IV bolus (see IV Manual for directions for administration).
•Withheld in patients with a history of previous severe allergic reaction to vitamin K

♠ Oral Vitamin K – preparation used is Konakion MM Paediatric, which comes in a concentration of 2mg/0.2mL. The oral syringes provided with each pack to be used to measure the required volume to be given orally. These syringes explicitly state 1mg and 2mg on the markings.

Standard risk patients do not require INR reversal at INR 4.5 – 6.9 but correction should be considered in “high risk” patients whose risk of bleeding is approximately 15 fold higher.

* ***Patients at high risk of warfarin associated bleeding***: Elderly
Previous GI bleed
Previous CVA (haemorrhagic or ischaemic)
Anaemia
Renal failure
Diabetes mellitus
Previous MI