Protocol for the use of OCTAPLEX

This is a plasma derived, virally inactivated concentrate of clotting factors II, VII, IX and X. It also contains the naturally occurring anticoagulants Protein C and Protein S plus Heparin.

Indications

- Urgent reversal of Warfarin or another coumarin anticoagulant such as Nicoumalone or Phenindione e.g. major or life threatening bleed, emergency surgery
- Management of bleeding or surgery in patients with congenital Factor II or X deficiencies

Contraindications

- Allergic reactions to Octaplex or Heparin
- Previous Heparin induced Thrombocytopenia

Cautions

- Liver disease
- History of thromboembolic events
- Disseminated intravascular coagulation

Making up the Octaplex and infusion rates

500 iu of Octaplex is dissolved in 20 mls of sterile water. The solution will have a <u>bluish tinge</u>, this is normal. Start the infusion rate at 1 ml per minute for the first 5 minutes and if there is no allergic reaction the infusion rate can be increased by 1 ml per minute every 1 to 2 minutes up to a <u>maximum rate of 8 mls per minute (480 mls/hr)</u>. Studies have shown that the latter faster rate is safe with Octaplex.

Dosing

This can be adjusted according to the INR as follows

INR	< 2.5	2.5 to 3.0	3.1 to 3.5	> 3.5
Dose (mls per kg body weight)	0.9 to 1.2	1.3 to 1.6	1.7 to 1.9	> 1.9

However many hospitals use a standard dose of 30 iu/kg for all patients regardless of the INR. If the patients weight is not known and as long as the patient is not significantly obese a dose of 2000 iu (80 mls) for the majority of women and 2500 iu (100mls) for the majority of men would be appropriate.

Please note - The maximum dose would be 3000 iu (120mls) at any one time.

In cases of warfarin / coumarin anticoagulant reversal suggest combining Octaplex with up to 5 mg of IV Vitamin K for full and sustained correction.

Monitoring

Check an INR immediately pre and 20 to 30 minutes post-treatment with Octaplex in order to assess the response. If the INR remained too high then additional doses of Octaplex can be given after discussion with the on call Haematology SpR or Consultant.

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