PCC (Prothrombin Complex Concentrate) Dosing Table

This clinical decision support tool is intended to be used with the Acute Bleeding Management Order Set. The following recommendations are intended to guide transfusion therapy associated with bleed management and should not be applied rigidly or in place of clinical judgement. See product insert for more information.

Indications for PCC
• Reversal of Vitamin K deficiency and warfarin therapy in acute bleeding
• Reversal of Vitamin K deficiency and warfarin therapy in patients requiring urgent surgery, i.e. surgery required within 6 hours

Contraindications for PCC
• Patients that have Heparin Induced Thrombocytopenia (HIT)

Relative Contraindications
• Reversal of oral anticoagulants in preparation for a procedure
• Treatment of elevated INR without bleeding/ urgent surgery requirement
• Massive transfusion
• Coagulopathy related to liver dysfunction
• Patients with a recent history of: ischemic stroke, myocardial infarction, thrombosis, Disseminated Intravascular Coagulation (DIC)

PCC Dosing considerations
• PCC must be administered intravenously
• PCC is to be dosed based on INR and weight (in kg).
• If INR and/ or weight is not available, then default dose of PCC is 2,000 units in acute bleeding

PCC Dosing Table

<table>
<thead>
<tr>
<th>Weight</th>
<th>INR 1.6-1.9</th>
<th>INR 2.0-2.9</th>
<th>INR 3.0-5.0</th>
<th>INR &gt; 5.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 100 kg</td>
<td>5,00 units</td>
<td>1,000 units</td>
<td>2,000 units</td>
<td>3,000 units (maximum)</td>
</tr>
<tr>
<td>More than 100 kg</td>
<td>1,000 units</td>
<td>1,500 units</td>
<td>2,500 units</td>
<td>3,000 units (maximum)</td>
</tr>
</tbody>
</table>

References
1. Octaplex® [product monograph]. Toronto, ON: Octapharma, Inc.