

Adult Prothrombin Complex Concentrate (PCC) Request Edmonton Zone

1. Must be completed on ALL requests for PCC on all patients regardless of indication.
2. Call Blood Bank to order PCC and FAX completed form to your Blood Bank.

Patient Information		
Patient Weight (kg)	Priority:	<input type="checkbox"/> Stat <input type="checkbox"/> Routine
Requesting MRHP	MRHP Specialty	MRHP Pager or Phone
Has the patient been on Coumadin in the last 72 hours? <input type="checkbox"/> Yes (If yes, when was the last dose given? Date/time _____) <input type="checkbox"/> No (PCC is not indicated , contact Transfusion Medicine physician on call directly for alternatives)		
Does the patient have or have a history of Heparin Induced Thrombocytopenia (HIT)? <input type="checkbox"/> Yes (PCC is contraindicated , contact Transfusion Medicine physician on call directly for alternatives) <input type="checkbox"/> No		
Is the patient on any non-coumadin oral anticoagulants such as Heparin, Dabigatran (Pradaxa), Rivaroxaban (Xarelto), and/or Apixaban (Eliquis)? <input type="checkbox"/> Yes (contact Transfusion Medicine physician on call directly for appropriate by-passing agents, dosing, testing, etc.) <input type="checkbox"/> No		
Co administration of 10mg IV/PO vitamin K strongly recommended if reversal is required for longer than 6 hours. Recommendation: Post dose INR (15 minutes) should be collected to ensure adequate reversal		
Indication		
<input type="checkbox"/> Actively Bleeding	Site of Bleeding:	
<input type="checkbox"/> Urgent surgery within 6 hours	Surgery Type:	
Other - Please specify indication _____		
Contact TM Physician for all OTHER indications; a lower dose of PCC may be appropriate.		
INR Result	Date and Time of INR	Dose Requested (mL) **
Adult Dosing Guidelines - All Pediatric dosing requires TM Physician approval		
INR	Dose Recommended	If dose requested differs from the national recommendations, please indicate the requested dose and rationale here:
Unknown ***	80 ml (2000 IU)	_____
1.5 - 2.9	40 ml (1000 IU)	_____
3.0 - 5.0	80 ml (2000 IU)	_____
greater than 5.0	120 ml (3000 IU)	_____
*** Transfusion Medicine Staff: <ol style="list-style-type: none"> 1. Confirm INR result in the LIS. If the INR is checked off as unknown determine if the INR has been resulted or ordered in the interim. 2. Check BAD file for HITPP comment. 		
**Dosing of PCC should be based on the INR as per the table above and may result in automatic substitution by TM staff as per protocol.		

Site	Phone	Fax	Site	Phone	Fax	Site	Phone	Fax
UAH	780-407-8802	780-407-3245	SGH	780-418-8257	780-418-7319	RED	780-942-6618	780-942-2683
RAH	780-735-4382	780-735-6591	DVH	780-342-7031	780-342-7034	STO	780-968-3271	780-968-3665
GNH	780-735-7090	780-735-7725	FSH	780-342-3099	780-342-3329	NEC	780-342-4053	780-457-0893
MIS	780-735-2734	780-735-9128	LEH	780-980-4604	780-980-4606	SPK	780-342-3469	780-342-3574