

Recombinant factor VIIa (rFVIIa) in acute CNS hemorrhage

1. If emergent neurosurgery is planned or a bleeding complication develops that is refractory to routine measures, please contact the Clinical Pharmacology Consult Service (CPCS) Pharmacist on call for evaluation of the appropriateness of rFVIIa.
2. For Trauma patients: Refer to Trauma rFVIIa guidelines
3. For patients on warfarin who have an INR > 1.2 please contact the CPCS pharmacist. To reverse the effect of warfarin, 1 mg of rFVIIa is generally recommended together with vitamin K and fresh frozen plasma (FFP).
4. Among patients who are not candidates for surgery and who have a spontaneous intracerebral hemorrhage (ICH) and no coagulopathy (INR < 1.2), rFVIIa is **not** currently recommended.

Approved UCDHS Pharmacy and Therapeutics Committee 2/2012.

References:

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4. Mayer SA, Brun NC, Broderick J, Davis S, et al. Safety and feasibility of recombinant factor VIIa for acute intracerebral hemorrhage. *Stroke* 2005;36:74-9.
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7. Hallevi H, Gonzales NR, Barreto AD, Martin-Schild S, Albright KC, Noser EA, Illoh K, Khaja AM, Allison T, Escobar MA, Shaltoni HM, Grotta JC. The effect of activated factor VII for intracerebral hemorrhage beyond 3 hours versus within 3 hours. *Stroke.* 2008; 39:473-5.
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