

# **Recombinant Activated Factor VII (rFVIIa) in Neurosurgical Patients for Prophylaxis of Intracranial Intervention**

Situation: Coagulopathic patients requiring emergent neurosurgical intervention

The CPCS pharmacist on call (see call sheet for Clinical Pharmacology) should be paged in the presence of the attending physician in addition to notifying the 8<sup>th</sup> floor pharmacy (3-4077) of the rFVIIa request including the dose and location of the patient to deliver it to.

## **CRITERIA**

- Patients with INR > 1.3 requiring immediate neurosurgical intervention where conventional therapy (i.e., FFP, vitamin K) has failed to normalize INR, is contraindicated, or where the urgency of the procedure would necessitate a more rapid reversal of coagulopathy.
- Patients concurrently receiving an anticoagulant – Refer to Urgent Bleeding in the Guidelines for reversal of anticoagulants.
- Dose of rFVIIa is 1 mg (single vial). ~14 mcg/kg
- Repeat INR 15 minutes after administration
- If repeated INR > 1.3, can repeat 1 mg dose
- All patients without contraindications should receive FFP and IV vitamin K concomitantly to maintain INR within desired range
- rFVIIa is intended for rapid, short-term reversal of coagulopathy only, and postoperative management of coagulopathy should be achieved proactively with FFP, platelets, cryoprecipitate, etc
- In the setting of Disseminated Intravascular Coagulation (DIC) consider Tranexamic Acid – 1gm load and 1gm infused over 8 hours
- Risk factors for thrombosis or thromboembolic event (i.e., prior ischemic stroke, CAD, PE, etc) should be assessed and if present, a risk vs benefit analysis should be conducted prior to rFVIIa administration.

Approved by P&T Committee 11/2015.