

	Request for Prothrombin Complex Concentrates (PCC)		Document # F160-INV-16B
			Version # 06
	Approved By: Dr. Charles Musuka <i>signature on file</i>	Effective Date	Source Document:
22-JUL-2021		Shared Health Transfusion Medicine Manual	

Request for Prothrombin Complex Concentrates (PCC)

To request a blood product from facility blood bank:

1. Provide addressograph/label or print request form
2. Provide requesting physician and date required
3. Select (✓) appropriate Indication
4. Fax completed form to blood bank

All PCC orders are considered STAT

Required Information:

Requesting physician:	Date required:
Requesting physician contact number:	Physician specialty:
INR result:	Date and time of INR:
There is an urgent need to reverse: <input type="checkbox"/> Warfarin <input type="checkbox"/> Direct Oral Anti-coagulants (DOACs)	
Not on Warfarin or DOACs – contact Transfusion Medicine physician on-call	
Patient has/had a history of Heparin Induced Thrombocytopenia (HIT): <input type="checkbox"/> Yes (contact Transfusion Medicine physician on-call) <input type="checkbox"/> No	

PHN/PHIN: _____

Last Name: _____

First Name: _____

DOB: _____

Physician /
Authorized Health Care Provider: _____

	Indication	Order
1	<input type="checkbox"/> Congenital Coagulation Factor Deficiency	Consult Bleeding Disorders Clinic: 204-787-2465
2a	<input type="checkbox"/> Taking warfarin and actively bleeding or requiring urgent surgery/invasive procedure within 6 hours and INR is between 1.7 – 3.0	Administer: PCC 1000 IU and Phytonadione (Vitamin K ₁) 10 mg IV over 30 min. Repeat INR 15 min after PCC infusion complete
2b	<input type="checkbox"/> Taking warfarin and actively bleeding or requiring urgent surgery/invasive procedure within 6 hours and INR is between 3.1 – 5.0	Administer: PCC 2000 IU and Phytonadione (Vitamin K ₁) 10 mg IV over 30 min. Repeat INR 15 min after PCC infusion complete
2c	<input type="checkbox"/> Taking warfarin and actively bleeding or requiring urgent surgery/invasive procedure within 6 hours and INR is 5.0 or greater	Administer: PCC 3000 IU and Phytonadione (Vitamin K ₁) 10 mg IV over 30 min. Repeat INR 15 min after PCC infusion complete
2d	<input type="checkbox"/> Taking warfarin and (select one indication): <input type="checkbox"/> Actively bleeding or requiring urgent surgery/invasive procedure within 6 hours and INR is unknown <input type="checkbox"/> Has an intracranial haemorrhage	Administer: PCC 2000 IU and Phytonadione (Vitamin K ₁) 10 mg IV over 30 min. Repeat INR 15 min after PCC infusion complete
2e	<input type="checkbox"/> Taking DOACs and bleeding	Administer: PCC 3000 IU
3	<input type="checkbox"/> Subsequent dosing (if INR not corrected)	Call Transfusion Medicine physician on-call

As per Manitoba Health, PCC utilization will be audited using the information provided on this form. Incomplete/insufficient information may result in treatment delays. For further information and product infusion information [Best Blood Manitoba](#)

Transporter Name: _____
(Print)

Issued by: _____

Date / Time: _____