**Physician Orders ADULT: Factor IX (Bebulin) for Warfarin Induced ICH and Major Bleeds Plan**

**Factor IX (Bebulin) for Warfarin Induced ICH and Major Bleeds Plan**

**Nursing Communication**
- Nursing Communication
  - Place order for STAT INR immediately after initiation of any additional plasma or Factor IX complex (Bebulin VH) transfusion
- Nursing Communication
  - If INR greater than 1.4 within 72 hours of intracranial hemorrhage, place order for Plasma Transfuse 2 units and administer (DISCONTINUE THIS ORDER AFTER 72 HOURS)

**Medications**
- Factor IX Complex Units (Bebulin) For reversal of intracranial hemorrhage (NOTE)*
  - **+1 Hours** Bebulin VH
    - 30 units/kg, Injection, IV Piggyback, once, STAT
    - Comments: Dose rounded by pharmacist to vial size. Be sure labs are drawn prior to infusion, Administer at a rate of 200 units/min. May not be administered with other medications. Flush tubing with 50 mL of NS upon completion. Repeat INR 30 minutes following administration
  - **+1 Hours** Sodium Chloride 0.9% Bolus
    - 50 mL, Injection, IV Piggyback, once, Routine, 50 mL/hr
    - Comments: Flush tubing used to administer Factor IX complex (Bebulin)
  - **+1 Hours** phytonadione
    - 10 mg, IV Piggyback, IV Piggyback, once, STAT
  - **+24 Hours** phytonadione
    - 5 mg, Tab, PO, QDay, Routine, (for 3 dose) (DEF)*
    - Comments: May convert to IV if unable to take PO
    - 5 mg, IV Piggyback, IV Piggyback, QDay, Routine, (for 3 dose)
    - Comments: May convert to IV if unable to take PO
  - **+1 Hours** diphenhydrAMINE
    - 50 mg, Injection, IV Push, once, PRN Other, specify in Comment, STAT
    - Comments: Administer prior to Factor IX Complete (Bebulin) if known hypersensitivity to blood products.
  - **+1 Hours** methylPREDNISolone sodium succinate
    - 40 mg, Injection, IV Push, once, PRN Other, specify in Comment, STAT
    - Comments: Administer prior to Factor IX Complex (Bebulin) if known hypersensitivity to blood products.

**Laboratory**
- **CBC**
  - STAT, T;N, Type: Blood
  - Comments: Draw prior to infusion of Plasma or Factor IX Complex Units (Bebulin VH)
- **PT/INR**
  - STAT, T;N, Type: Blood
  - Comments: Draw prior to infusion of Plasma or Factor IX Complex Units (Bebulin VH)
- **PTT**
  - STAT, T;N, Type: Blood
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Comments: Draw prior to infusion of Plasma or Factor IX Complex Units (Bebulin VH)

☐ INR Normalized PT Ratio
   STAT, T;N, Type: Blood, Collection Comment: Call nurse to schedule, 0
   Comments: Draw 30 minutes after infusion of Plasma or Factor IX Complex Units (Bebulin VH)

☐ PT/INR
   Time Study, q12h x 2 occurrence, Type: Blood

☐ PT/INR
   Routine, T+1;0400, QDay, Type: Blood

☐ Fibrinogen Level
   STAT, T;N, Type: Blood

__________________   _________________   ______________________________________  __________
Date                  Time                    Physician’s Signature               MD Number

*Report Legend:
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R-Required order