SUBJECT: Injured patients on anticoagulants admitted through Trauma service

DEFINITION/PURPOSE: To ensure appropriate treatment of trauma patients who have sustained recent traumatic injury and are on anticoagulation therapy (ie: Coumadin, low molecular weight heparins)

The following applies for all injured patients admitted on anticoagulants:

I. PROCEDURE:

1. Head injury, with CT findings or loss of consciousness or with significant facial trauma or head/scalp area trauma:
   a. All anticoagulants held.
   b. Repeat CT scan within 12-18 hours of admission
   c. Consult Neurosurgery
   d. Reversal Plan
      1) Admit to ICU
      2) Reversal of anticoagulation with FFP to INR of 1.3 or less
      3) If head CT abnormal or INR is ≥ 5, administer Vitamin K 10mg IV over 30 minutes, repeat in 12 hours if necessary.
      4) Follow INR, PT, PTT
      5) If INR increases after initial reversal, continue q6h labs and FFP prn.
   e. If repeat head CT scan is negative – discharge from closed head injury viewpoint and restart anticoagulation.

2. Significant soft tissue injury (long bone/pelvic fracture with soft tissue damage), including chest and retroperitoneum:
   a. Admission to IMU or ICU
   b. Hold anticoagulants.
   c. Reverse anticoagulation as in 1(d).
   d. Follow hematocrits/hemoglobins
   e. Repeat CXR for chest injury
   f. Consider repeating abdominal/chest CT in 12-18 hours if suspicious for retroperitoneal bleeding or parenchymal injuries.

3. Patients without significant injury, without loss of consciousness and not requiring surgery or invasive procedures
   a. Hold anticoagulants
   b. These patients do not require reversal

EFFECTIVE DATE: 11/26/02

SUPERCEDES: