Results

- Adherence to hospital guidelines was evaluated based on the indication for vitamin K.
- Efficacy was evaluated based on the following endpoints:
  - Time to INR < 1.5 for significant bleeding, emergent or urgent surgery/ invasive procedure.
  - Time to correction of INR to therapeutic level following bleeding.
- Safety was assessed based on the following endpoints:
  - Time to discontinuation of warfarin following vitamin K administration.
  - Incidence of anaphylaxis after vitamin K administration.
- Patient identification information was collected for purposes of conducting a study related to each patient and ensuring any patient identification prior to analysis.

Methods cont.

- Adhered to protocol Deviated from protocol
  - INR < 1.5
    - Protocol-adherent administration of vitamin K.
    - Time to INR < 1.5 was 3 hours longer in the protocol-adherent group though the average dose of vitamin K was similar.

Discussion

- Most common indication for vitamin K was for myocardial infarction or stroke bleeding.
- Adherence to the current hospital guidelines occurred in 50% of the cases.
- The most common deviations from the protocol were no administration of vitamin K at 49% and 50% of the cases.
- The combination of no administration and dose rate was the second most common deviation (35%).
- Mean time to INR was normal in 20 patients and in 2 patients who received vitamin K. The difference was not statistically significant.
- In 2 patients with an elevated INR (0.3-1.5), time to INR was 3.2 hours longer when the appropriate dose was not administered.
- In patients requiring emergent surgery or invasive procedure, time to INR < 1.5 was 3.5 hours longer in the protocol-adherent group though the average dose of vitamin K was similar.

Overall, blood product usage was similar whether the warfarin reversal protocol was adhered to or deviated from.

- Safety
  - Warfarin was reversed in 46 patients. Of the 34 patients who had anaphylaxis, 2 patients achieved a therapeutic INR prior to discharge.
  - Time to therapeutic INR was slightly higher when the protocol was followed.
  - One patient had anaphylaxis that required treatment and one patient was admitted due to anaphylaxis.

Patient characteristics were similar in patients who adhered to or deviated from the warfarin reversal protocol.

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