

# Remember... FactorFirst

**PROMPT TREATMENT** will halt bleeding, minimize long-term complications and can save life. If bleeding persists, follow the guidelines for life or limb-threatening bleeds and call the:

## Bleeding Disorder Treatment Centre

Hospital: \_\_\_\_\_

Physician: \_\_\_\_\_

Nurse: \_\_\_\_\_

Day phone: \_\_\_\_\_

Night phone: \_\_\_\_\_

**Delay in the restoration of hemostasis to the patient with hemophilia or von Willebrand disease may be life or limb-threatening.**

### • PROMPT TRIAGE AND ASSESSMENT.

- Determine the severity of the bleed.
- Recognize that bleeding in the head, spine, abdomen or pelvis may initially be occult and potentially life-threatening.

### • TREAT FIRST AND INVESTIGATE LATER – “FACTOR FIRST”.

- Avoid invasive procedures such as arterial punctures unless the patient has factor replacement.
- **NO** IM injections and **NO** ASA.
- The patient or guardian may be your most important resource, so do ask about specific treatment protocols.
- Contact the patient’s Hemophilia Treatment Centre where a hematologist is always on call.
- Provide clear discharge instructions and arrange a follow-up plan or admit to hospital if necessary.

### Patient Information:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Severity: \_\_\_\_\_ Level: \_\_\_\_\_

Response to desmopressin (DDAVP):  no  yes to \_\_\_\_\_ %

Inhibitors:  no  yes

Other medical information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of recommendation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of physician: \_\_\_\_\_

### Recommended Treatment:

Product and dose/kg for life or limb-threatening bleeds:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Product and dose/kg for moderate/minor bleeds:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Use Universal Precautions**

## GUIDELINES FOR EMERGENCY MANAGEMENT OF HEMOPHILIA AND VON WILLEBRAND DISEASE

### LIFE OR LIMB-THREATENING BLEEDS

- Head (intracranial) and neck
- Chest, abdomen, pelvis, spine
- Iliopsoas muscle and hip
- Massive vaginal hemorrhage
- Extremity muscle compartments
- Fractures or dislocations
- Any deep laceration
- Any uncontrolled bleeding

### MODERATE/MINOR BLEEDS

- Nose (epistaxis)
- Mouth (including gums)
- Joints (hemarthroses)
- Menorrhagia
- Abrasions and superficial lacerations

### TREATMENT FOR LIFE OR LIMB-THREATENING BLEEDS

#### PATIENT MUST RECEIVE PRODUCT URGENTLY

##### **Hemophilia A: (all severities)**

Recombinant factor VIII concentrate 40-50 units/kg

##### **Hemophilia B: (all severities)**

Recombinant factor IX concentrate 100-120 units/kg >15 yrs  
Recombinant factor IX concentrate 135-160 units/kg <15 yrs  
The dosage for recombinant factor IX is substantially higher because of its lower recovery, particularly in children.

##### **Von Willebrand Disease:**

A VW factor concentrate containing factor VIII such as Humate-P 60-80 Ristocetin cofactor units/kg

**It is critical to raise the factor level to 80-100% urgently for all life or limb-threatening bleeds.**

### TREATMENT FOR MODERATE/MINOR BLEEDS

#### PATIENT MUST RECEIVE PRODUCT WITHIN 30 MINUTES WHENEVER POSSIBLE

##### **Hemophilia A: (severe/moderate)**

Recombinant factor VIII concentrate 20-30 units/kg

##### **Hemophilia A: (mild)**

Desmopressin (Octostim/DDAVP) 0.3 mcg/kg (max. 20 mcg) –SC/IV

##### **Hemophilia B: (severe/moderate/mild)**

Recombinant factor IX concentrate 35-50 units/kg >15 yrs  
Recombinant factor IX concentrate 50-70 units/kg <15 yrs  
The dosage for recombinant factor IX is substantially higher because of its lower recovery, particularly in children.

##### **Von Willebrand Disease:**

Type 1 and Type 2A or 2B known to have used desmopressin safely and effectively – (Octostim/DDAVP) 0.3 mcg/kg (max. 20 mcg) –SC/IV

For patients not responding to desmopressin (such as Type 3 or Type 2B) use a VW factor concentrate containing factor VIII such as Humate-P 60-80 Ristocetin cofactor units/kg

##### **For mucosal bleeds in all above add:**

Tranexamic Acid (Cyklokapron) 25 mg/kg po tid 1-7 days (contraindicated if hematuria)

**Dosages are patient specific – these are general guidelines only. Round doses up to the nearest vial. If the products listed are not available, please call the nearest Canadian Blood Services or Héma-Québec Centre.**

# FactorFirst



**Canadian Hemophilia Society**  
Help Stop the Bleeding



Association of Hemophilia Clinic  
Directors of Canada

[www.hemophilia.ca/emergency](http://www.hemophilia.ca/emergency)