

Pharmacists decrease number of protocol discordant four-factor prothrombin complex concentrate orders for oral anticoagulant-associated intracranial hemorrhage in a community emergency department

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BACKGROUND

- Four-factor prothrombin complex concentrate (4F-PCC) is used for the reversal of oral anticoagulant-associated intracranial hemorrhage (ICH)
- Appropriate dosing, accurate laboratory and imaging monitoring, and rapid administration of 4F-PCC reduces hematoma expansion and decreases length of stay
- 4F-PCC dosing is commonly protocolized to ensure quality, safety, and reduce medication errors

DESIGN & PURPOSE

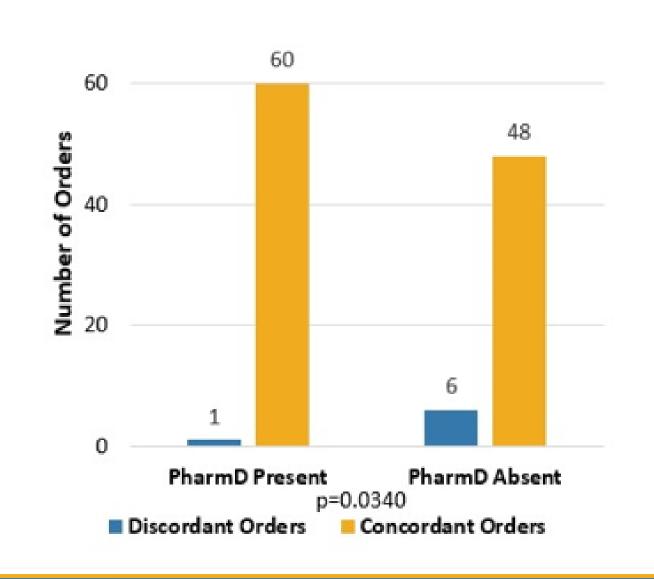
- Single-center, retrospective, chart review including patients who received 4F-PCC for oral anticoagulant-associated ICH during their emergency department (ED) admission from January 2016 to December 2022
- The purpose of this study is to determine if pharmacist presence in the ED decreases protocol discordant 4F-PCC orders in two different protocols periods weight-based (WB) and fixed-dose (FD)

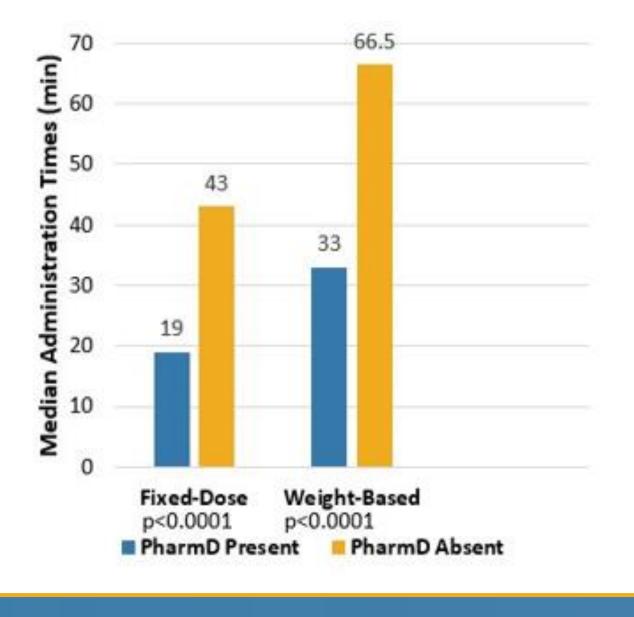
CONCLUSION

Pharmacist presence demonstrated a significant **reduction** in protocol discordant 4F-PCC orders for the reversal of oral anticoagulant-associated intracranial hemorrhage.

RESULTS

Demographics					
	WB (n=75)	FD (n=36)	p-value		
Age, mean (SD)	77.2 (13.7)	73.1 (11.8)	0.1063		
Female, n (%)	34 (68)	16 (32)	0.9298		
Anticoagulant, n (%) Warfarin Apixaban Rivaroxaban Unknown	24 (68.6) 25 (58.1) 24 (77.4) 2 (100)	11 (31.4) 18 (41.9) 7 (22.6) 0 (0)	0.2516		
Received 4F-PCC, n (%)	73 (69.5)	32 (30.5)	0.0655		
EM Pharmacist Present, n (%)	39 (63.9)	22 (36.1)	0.3664		





METHODS

Primary Outcome	Incidence of 4F-PCC order discordance with institutional protocol			
Secondary Outcomes	Time to administration			
	Additional 4F-PCC request			
	Discharge status			
	Length of stay			

	Inclusion		Exclusion
•	Patients ≥18 years	•	Patients <18 years
•	Patients on an oral anticoagulant presenting to the ED with an ICH	•	Pregnant patients

LIMITATIONS

- Small sample size
- Short transition time for EM physicians to comply with protocol changes
- Changes in electronic order sets lagged behind protocol changes complicating order entry and verification

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