Headache/Mental Status Change ON COUMADIN

Respiratory
- Oxygen administration 2 L/min via NC.

Laboratory
- CBC with manual diff
- PT/INR
- Type and Screen (anticipate need for FFP)

Diagnostic Tests
- CT, head or brain, without contrast

IV Fluids
- Saline lock
- Sodium Chloride 0.9% @ _____mL/hr
- Lactated Ringers Solution @ _____mL/hr.
- Bolus

Medications
- Initiate INR reversal protocol if CT is positive for ICH

Analgesics
  - **Combination Analgesics**
    - hydrocodone-APAP/VICODIN 1 tablet orally once
    - hydrocodone-APAP/LORTAB 7.5/500 1 tablet orally once
    - oxycodone-APAP/PERCO CET 5-325 1 tablet orally once
  - **Non-opioids**
    - acetaminophen /TYLENOL 650 milligram orally once
    - acetaminophen /TYLENOL 1,000 milligram orally once
    - acetaminophen /TYLENOL 650 milligram rectally once
    - ibuprofen /MOTRIN 400 milligram orally once
  - **Narcotic analgesics**
    - morphine 0.1 milligram/kilogram intravenously repeat every hour as needed until pain relief
    - HYDROMorphone /DILAUDID _____mg IVP 0.5 milligram slow IVP every 5 minutes. Repeat every 10 minutes until pain relief achieved.
    - fentaNYL /SUBLIMAZE____micrograms IVP 1 microgram/kilogram IV every hour as needed until pain relief

Antiemetics
- droperidol /INAPSINE 0.625 milligram intravenously once as needed for nausea/vomiting
- metoclopramide /REGLAN 10 milligram intravenously once as needed for nausea/vomiting
- ondansetron /ZOFRAN 4 milligram intravenously once as needed for nausea/vomiting
- ondansetron /ZOFRAN 4 milligram orally once as needed for nausea/vomiting
- prochlorperazine /COMPAZINE 5 milligram intravenously or intramuscularly as needed for nausea/vomiting
- prochlorperazine /COMPAZINE 10 milligram po, IM, or IV as needed for nausea/vomiting
- prochlorperazine /COMPAZINE 25 milligram rectally as needed for nausea/vomiting

INR

Revised 1/2010
INR > target range < 5 with no significant bleeding
Decrease Warfarin or hold dose X1; resume at lower or same dose when INR approaches target range

INR 5-9 with no significant bleeding
Hold Warfarin for 1-2 dosed, monitor INR; resume at lower dose when INR approaches target range

INR > 9 with no significant bleeding
Hold Warfarin; give Vit K 5-10 mg PO X1; monitor INR expect decrease in 24-48 hours; repeat vit K prn. Resume Warfarin at lower dose when INR approaches target range

Elevated INR with serious bleeding
Hold Warfarin therapy and give Vit. K 10 mg by slow IV push. Supplement with FFP (15 mL/kg).

Life-threatening bleeding
Hold Warfarin and give 15 mL/kg of FFP and Vit. K 10 mg slow IV push.

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