

# BEBULIN (PCC) ADMINISTRATION

## Bebulin—Prothrombin Complex Concentrate (PCC)

- The dose for hemorrhagic stroke is **20 international units/kg**
- Use this table to find minimum international units required:

Pt's weight in kg	Minimum Int. Units required	Pt's weight in kg	Minimum Int. Units required
50	1000	85	1700
55	1100	90	1800
60	1200	95	1900
65	1300	100	2000
70	1400	105	2100
75	1500	110	2200
80	1600		

- Send a Type and Cross Slip to Blood Bank with the “other” box checked, write in on the line: **Bebulin (# int. units) stat for hemorrhagic stroke. They might request a pick-up slip as well, come prepared.**

ELMHURST HOSPITAL CENTER 79-01 BROADWAY, ELMHURST, NY 11373				
CROSSMATCH AND RESERVATION OF BLOOD / COMPONENTS				
DATE OF REQUEST	TIME	REASON FOR REQUEST		
2/5/08	1400	<input type="checkbox"/> O.R. (DATE REQUIRED: _____) <input type="checkbox"/> HOLD (WILL CALL) <input checked="" type="checkbox"/> TRANSFUSION <input checked="" type="checkbox"/> STAT		
DIAGNOSIS		IMPRINT PATIENT'S NAME PLATE AND WARD		
STROKE		PIECE STICKER HERE		
REQUESTED BY (PRINT)		BLOOD BANK USE ONLY		
Dr. Daman		PREVIOUS RECORD REVIEW:		
MD/PA/NP IDENTIFICATION NUMBER		RECK: _____ ANTIBODY SCREEN _____		
111211		TECH: _____ DATE: _____		
LAST Hgb	LAST Hct	LAST PT	LAST APTT	PLT COUNT
COMMENT:				
WHEN "REASON FOR REQUEST" IS NOT CHECKED, BLOOD IS NOT CROSSMATCHED UNTIL CALLED. THIS REQUEST FORM WILL BE HELD FOR ONE DAY ONLY. CHECK PRODUCT BEING REQUESTED.				
<input type="checkbox"/> PACKED RBC _____ UNITS		<input type="checkbox"/> FFP/THAWED PLASMA _____ UNITS		<input type="checkbox"/> PLATELETS _____ UNITS
<input type="checkbox"/> CRYOPRECIPITATE _____ UNITS		<input type="checkbox"/> RhIG (Rhgam, etc) _____ DOSE		<input checked="" type="checkbox"/> OTHER BEBULIN 2000 INT UNITS For STROKE
BLOOD BANK				

An example of the type & cross slip sent to blood bank to order bebulin

- Bebulin will be sent in boxes with the total number of int. units contained written on the side of each box. Inside the box will be one bottle of bebulin in powder form and 1 bottle of 20 mL of sterile diluent.

PATIENT: [REDACTED]  
 Case#: [REDACTED] Loc: E  
 BEBULIN, PROTHROMBIN COMP  
 AMOUNT= 671 IU/BOTTLE OR VIAL  
 Patient Blood Group & Rh: O-POS  
 Lot Number: VNP26002  
 Expiration Date: 02/28/09

Unit#: Z010679  
 Date Prepared: 02/03/08 Time: 17:28

IF NOT USED IMMEDIATELY, RETURN  
 TO BLOOD BANK

ELMHURST HOSPITAL CENTER-BLOOD  
 79-01 BRADWAY, ELMHURST, NY 1

Made in Austria

- **Add up the amount of bebulin contained in all of the boxes sent. NOTE: each bottle may contain a different number of international units.** Make sure that this total dose is greater than the minimum Int. Units required from the table above. It is all right if the total is greater than the minimum number from the table, but it is not all right if it is less than the number from the table. If the total is less, call back the blood bank and tell them that more bebulin than was sent is required. Make an orange “medication added” label stating: **Bebulin, patient’s weight in kg, and total number of bebulin international units.**
- For each box of bebulin, use the transfer needle to reconstitute the bebulin with the sterile water.
- Remove the needle and gently swirl the bottles to allow mixing without foaming. **Do not shake.**

If a syringe pump adapter is available, use the instructions below. If one cannot be found within 5 minutes, skip to the instructions using 100 ml bag

## Instructions for Syringe Pump Adapter



- Get a 60 ml syringe.
- Draw up the Bebulin from each of the bottles. If you have more than three bottles, get a 2<sup>nd</sup> 60ml syringe and use it for the remaining bottles. Attach orange medication stickers to the syringe and label appropriately.
- Attach the 60 ml syringe to the syringe pump adapter (shown above). It can be found in a box above the tube securing devices in the cardiac room. If you are facing the pyxis machine in the cardiac room, just look up.
- Close the vent on the syringe pump adapter. Squeeze the syringe to flush all of the air out of the syringe pump adapter. Open vent cap on syringe adapter to infuse.
- Connect the pump adapter to a pump. Use the table below to choose the rate and volume to be infused:

# of bottles	Infusion rate in ml/hr	Volume to be infused
1 bottle (20 ml)	60 ml/hr	20
2 bottles (40 ml)	120 ml/hr	40
3 bottles (60 ml)	180 ml/hr	60

- This will allow administration over 20 minutes.
- If you had to fill more than one syringe, finish infusing the first over 20 minutes then attach the second and use the table above to pick the new drip rate and volume to be infused.

- Until the bebulin order is available on HMED Prod- the MD and the nurse will need to free-text about the order and the administration of Bebulin. Please document patient's weight.
- When the Bebulin order is available on HMED, in the MAR, record the total number of bebulin international units administered, the time infusion was started, and the patients weight in kg.
- Fill out a transfusion record sheet with the total number of Bebulin international units administered, the time infusion was started, and the patient's weight in kg.
- Send repeat PT/PTT 10 minutes after completion of the infusion.



### Instructions for when Syringe Pump Adapter cannot be found within 5 minutes

- Using 20 cc syringes, draw up the full amount of reconstituted bebulin from each bottle
- Get a 100 mL bag of NS
- Inject all of the reconstituted bebulin into the bag of NS.
- Gently swirl the bag of NS. Spike NS bag with normal pump administration set.
- Attach to drip pump and use the table below to choose the **rate** and **volume to be infused**:

# of bebulin boxes used	Rate in ml/hour	Volume to be infused
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<b>1</b>	<b>360</b>	<b>120</b>
<b>2</b>	<b>420</b>	<b>140</b>
<b>3</b>	<b>480</b>	<b>160</b>
<b>4</b>	<b>540</b>	<b>180</b>

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- Fill out a transfusion record sheet with the total number of Bebulin international units administered, the time infusion was started, and the patient's weight in kg.
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2/5/07

**RE-POSTING**

TO: ALL BLOOD BANK TECHS

FROM: CARMEN VILLAR

USE OF PROTHROMBIN-COMPLEX CONCENTRATE (**PCC**)

PLEASE BE ADVISED THAT THE ABOVE PRODUCT IS  
COMMERCIALY KNOWN AS **BEBULIN**. THIS PRODUCT  
IS USED FOR PATIENTS WITH SPONTANEOUS  
INTRACEREBRAL HEMORRHAGE (ICH). **THIS PRODUCT  
CAN BE ISSUED WITHOUT HEMATOLOGIST  
APPROVAL**. PATIENT'S BLOOD TYPE IS NOT REQUIRED  
TO ISSUE THE PRODUCT.

THE DOSAGE IS 20 IU/Kg BODY WEIGHT. THE AVERAGE  
BODY WEIGHT IS 60 Kg. THE PATIENT WILL THEREFORE  
NEED 1200 IU OF BEBULIN.