

OCTAPLEX®: ADMINISTRATION STEPS

INDICATIONS FOR USE: Rapid reversal of warfarin therapy or vitamin K deficiency in patients with an INR above or equal to 1.7 AND are bleeding OR requiring urgent (less than 6 hours) surgical procedures.

RECONSTITUTE

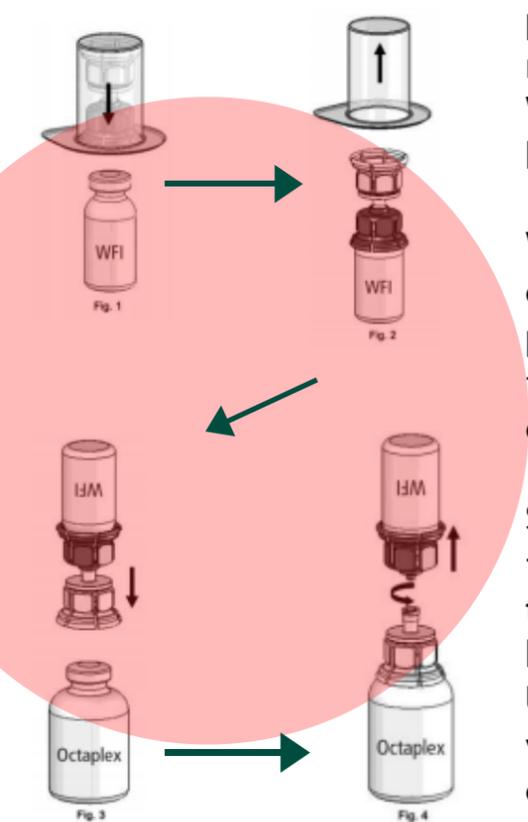
Ensure the vials are room temperature

Remove the flip caps and clean the rubber stoppers with an alcohol swab.

Peel off the lid of the outer package of the Mix2Vial™ transfer set. Hold the WFI vial firmly on an even surface and push the blue plastic cannula of the Mix2Vial™ through the rubber stopper in one swift motion (Fig. 1). Holding onto the WFI vial, remove the outer package from the Mix2Vial™, being careful to leave the Mix2Vial™ attached firmly (Fig. 2).

With the octaplex® vial held firmly on an even surface, quickly invert the WFI vial (with the Mix2Vial™ attached), push the transparent plastic cannula end of the Mix2Vial™ firmly through the stopper of the octaplex® vial and hold the downward pressure (Fig. 3).

Slowly rotate the octaplex® vial to ensure the product is fully dissolved to a clear or slightly opalescent solution. Once the contents of the octaplex® vial are dissolved, firmly hold both the transparent and blue parts of the Mix2Vial™. Unscrew the Mix2Vial™ into two separate pieces with the vials still attached (Fig. 4) and discard the empty WFI vial and the blue part of the Mix2Vial™.



PREPARATION

After octaplex® has been reconstituted, attach a plastic sterile disposable syringe to the transparent part of Mix2Vial™. Invert the system and draw the reconstituted solution into the syringe.

Once the solution has been transferred into the syringe, firmly hold the barrel of the syringe (keeping it facing down) and detach the Mix2Vial™ from the syringe. (Discard the Mix2Vial™ [transparent plastic part] and the empty octaplex® vial.)



ADMINISTRATION

Disinfect the injection site with an alcohol swab and attach the syringe to a suitable infusion needle.

Alternatively, octaplex® can be administered using an evacuated IV bag and IV line. Ideally, a new IV line should be used. Otherwise, the IV line must first be flushed of other products by priming it with a Normal Saline or dextrose 5% in water (D5W) solution.

If priming with product, after administration flush the line to ensure full-dose delivery.

INFUSE

Using an aseptic technique, administer intravenously at an initial rate of 1 ml per minute, followed by 2-3 ml per minute, if appropriate. A pump can be used to regulate and control the injection rate.



Octaplex Infographic PPR-G-TM-0003 developed by the Nova Scotia Blood Coordinating Team November 2020; See <http://www.cdha.nshealth.ca/nova-scotia-provincial-blood-coordinating-team> for most recent information.

Always follow in compliance with Blood Administration policy NS CL-BP-030 IWK #625