



EMERGENCY TREATMENT GUIDELINES

Hemophilia A (Factor VIII (8) Deficiency (taking Hemlibra)) Information for Emergency Healthcare Providers

Emergency Room Physicians: Hemophilia is a relatively rare disorder, and every physician/EMT may not be familiar with the complexities of management. This handout has been developed to assist health care providers should emergency medical treatment be required.

PATIENT INFORMATION:

Physician: _____ / _____ Treatment Center

Day Phone: _____ Office Fax: _____

Night Phone: _____ Nurse Coordinator: _____

Name: _____ Date of Birth: _____

Diagnosis/Severity/Level: _____ Inhibitor: **NO**

Recommended Treatment:

Product and dose/kg for minor: _____

Product and dose/kg for major: _____

This patient has Factor VIII Deficiency (Hemophilia A) without inhibitor. S/he is taking Hemlibra (Emicizumab) to prevent bleeding. Hemlibra may cause serious side effects when used with FEIBA. Cannot use aPTT or standard coagulations tests to measure Factor VIII levels or Bethesda Inhibitor titers. Thrombotic microangiopathy (TMA) and thrombotic events have been reported when >100 units/kg FEIBA for > 24 hours.

Allergies: _____

Other Medical Information: _____

Date of Recommendation: _____

Call the patient's Hemophilia Treatment Center (HTC) immediately. A hematologist is always on call.

Should you see delays in contacting the HTC, please proceed with the treatment in accordance with guidance in this handout. **Remember that delayed treatment may be life or limb threatening to the person with a bleeding disorder.**

- Do not make the person with Hemophilia or von Willebrand disease wait.
- Evaluate the patient promptly.
- Recognize that bleeding may not be visible.
- Contact the patient's Hemophilia Treatment Center or Hematologist.
- Use standard universal precautions.
- Immediately infuse clotting factor before proceeding to diagnostic treatment procedures.
- Recognize that bleeding in the head, spine, abdomen, or pelvis may be life threatening.
- Adjust dosing so that clotting factor is not wasted.

TYPES OF MAJOR BLEEDS:

- Head, Neck and Throat
- Abdomen, Pelvis, Spine
- Iliopsoas and Hip bleeds
- Compartment bleeds
- Fractures or dislocations
- Deep lacerations
- Serious trauma

TREATMENT FOR MAJOR BLEEDS:

Should be considered potentially life or limb threatening. The goal is to raise the clotting factor level to 100% immediately. These guidelines are only for initial dosing and any additional treatment should be managed by an experienced hematologist or HTC physician. **Hemophilia A (Factor VIII (8) Deficiency):** Factor VIII (8) concentrate 40 - 50 International Units/kilogram (IU/kg)

If the above products or vial dose ranges are not available, please call the nearest Hemophilia Treatment Center immediately.

TYPES OF MINOR BLEEDS:

- Joint (other than hip) and soft tissue
- Nose bleeds
- Mouth and gum bleeds
- Superficial lacerations and skin bleeds

TREATMENT FOR MINOR BLEEDS:

Hemophilia A (Factor VIII (8) Deficiency): Factor VIII (8) concentrate 20 - 35 IU/kg. These guidelines are only for initial dosing and any additional treatment should be managed by an experienced Hematologist or HTC physician.

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This is not an exhaustive discussion of medical treatments or recommendations. Please contact the patient's Hemophilia Treatment Center for more information. The patient's condition may change, requiring reevaluation of treatment.

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