

# Blood and Transplant

National Comparative Audit of  
Blood Transfusion

## Organisational Survey Audits of Reversal of Vitamin K Antagonist and DOAC Associated Bleeding

The audit was undertaken by the Haematology and Trauma group between January to March 2022.

We are undertaking a repeat audit to investigate changes in practice since the initial audit.

This survey needs to be completed **ONCE** only

Q1 Please enter the name of your hospital

Q2 Please indicate if you are a....

- Major Trauma Centre
- Hospital with a trauma unit
- District General Hospital with Accident and Emergency
- District General Hospital without Accident and Emergency
- Other facilities for dealing with trauma not indicated above

Please state name of facility

Q3 Which four factor prothrombin concentrate does your organisation stock?

- Beriplex
- Octaplex
- Prothromplex
- Other

Other?

- Q4 Does your organisation have a policy in place for emergency anticoagulation reversal?
- Yes - for Warfarin
  - Yes - for Direct Oral Anticoagulants (DOACs)
  - No
- Q5 Does your organisation's policy clearly state the dose of PCC to be administered and when to administer it?
- Yes - DOAC
  - No - DOAC
  - Yes - Warfarin
  - No - Warfarin
- Q6 Does your organisations policy clearly state the location of PCC?
- Yes - DOAC
  - No - DOAC
  - Yes - Warfarin
  - No - Warfarin
- Q7 Is haematology authorisation needed for PCC?
- Yes
  - No
- Q8 Does your warfarin reversal policy clearly state dose of Vitamin K?
- Yes
  - No
- Q9 Do you stock antidote for DOAC on site?
- Yes - Idarucizumab
  - Yes - Andexanet Alfa
  - No
- Q10 What group of red cells do you give male patients and those patients with no child bearing potential when their blood group is unknown?
- Group O positive
  - Group O negative
- Q11 What group of plasma do you give patients when the blood group is unknown?
- Group AB
  - Group A
  - Group B
  - Group O

Q12 What group of platelets do you give to patients when their blood group is unknown?

Q13 Do you have point-of-care testing?

- Yes - COAGCHECK, TEG, ROTEM  
 Yes - COAGCHECK only  
 No

Q14 Please provide your email address (to be used only if we need to contact you in relation to this exercise)

**If you have no objection, please send any examples of local policies related to this survey to:**

**[sue.katic@nhsbt.nhs.uk](mailto:sue.katic@nhsbt.nhs.uk)**

**Thank you for completing this survey. This part only needs to be completed once.**

**For any queries please contact:**

**Sue Katić (Tuesday/Wednesday) - [sue.katic@nhsbt.nhs.uk](mailto:sue.katic@nhsbt.nhs.uk)**

**Grace Brennan (Monday/Thursday/Friday) - [grace.brennan@nhsbt.nhs.uk](mailto:grace.brennan@nhsbt.nhs.uk)**