Haematology	29-11-2019 16:04	29-11-2019 15:22	29-11-2019 06:52	07-11-2019 10:45	10-10-2019 14:40	12-09-2019 14:00
FBE						
Hb			148	168	157	149
WBC			8.36	6.71	8.37	7.96
Platelets			238	209	185	174
Hct			0.44	0.51	0.46	0.44
MCV			90	92	91	92
MCH			30.7	30.6	30.9	30.8
MCHC			339	333	339	336
RBC			4.83	5.50	5.09	4.85
RDW			15.0	15.4	14.4	14.0
Neutrophils			5.00	4.20	4.64	4.42
Lymphocytes			1.04	0.73	1.06	0.84
Monocytes			1.20	0.75	0.93	1.04
Eosinophils			1.02	0.96	1.65	1.59
Basophils			0.10	0.07	0.09	0.07
Morphology						
Miscellaneous Haem						
Haem Phone Comment						
Coagulation						
Anticoagulant?	Heparin		(c) Warfarin	(c) Warfarin	Not Specified	Not Specified
INR	9.2		2.4	2.0	* 2.3	2.0
PT	107.7		30.0	25.6	28.7	25.3
APTT	* > 300		* 37.7	* 34.6	* 34.8	* 34.6
Fibrinogen Level	3.0		4.8	4.5	4.2	4.8
TCT	>300		18.6	18.6	17.9	17.8
Coag Phone Comment	* Phoned Comm	* Phoned Comn	n			

Patient on Warfarin Male 65 years and 70kg Warfarin reversal 5 x Prothrombinex 2 x FFP

Coag screen sent down – gross under filled Re-op insisting we run under filled sample. Recollect insisted upon.

Repeat Coag sent at 16:04 intra-op

INR now 9.2 and APTT >300 with TCT >300 Fibrinogen 3.0

What does this mean? Did the INR correct?

Haematology	29-11-2019 16:04	29-11-2019 15:22	29-11-2019 06:52	07-11-2019 10:45	10-10-2019 14:40	12-09-2019 14:00
FBE						
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Basophils			0.10	0.07	0.09	0.07
Morphology						
Miscellaneous Haem						
Haem Phone Comment						
Coagulation						
Anticoagulant?	Heparin		(c) Warfarin	(c) Warfarin	Not Specified	Not Specified
INR	Unsuitable		2.4	2.0	* 2.3	2.0
PT	107.7		30.0	25.6	28.7	25.3
APTT	* > 300		* 37.7	* 34.6	* 34.8	* 34.6
Fibrinogen Level	3.0		4.8	4.5	4.2	4.8
ТСТ	>300		18.6	18.6	17.9	17.8
Coag Phone Comment	* Phoned Comm *	Phoned Comm				
D-Dimer						
Reptilase Time	19.7					
Anti Xa Heparin	* 3.68					

Gross heparin therapy in theatre for Heart transplant

Confirmed by	
APTT	> 300
ТСТ	> 300
Reptilase	= 19.7
AXA	= 3.68 (extrapolated)

Why is the INR 9.2 post prothrombinex and FFP?

NeoPTimal has a heparin neutraliser Up to 1.0 iu/ml for UFH and 1.5 iu/ml for LMWH

The INR is now prolonged due to excess heparin.