

The background features a stylized illustration of a blood vessel. Inside the vessel, there are several red blood cells and platelets. A yellow rectangular area at the top right is labeled 'Not enough clotting factor'. A line points from this area to a specific spot on the vessel wall. The text 'Platelet' is written near a single platelet. The overall color scheme is a warm, reddish-orange.

Coagulant Blood Products for Bleeding Disorders Factor Patients

APRIL 2023

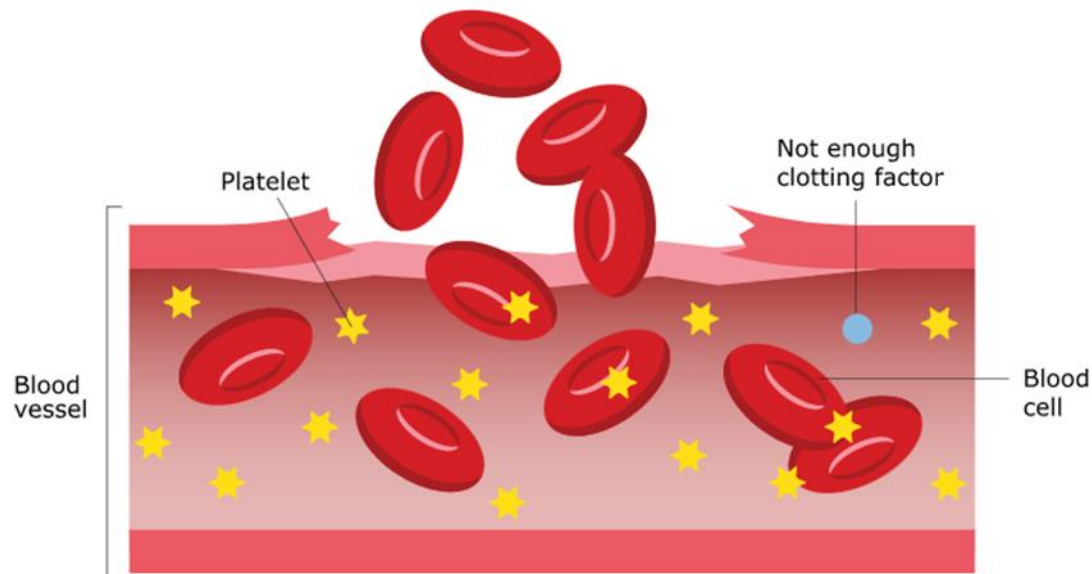
CLINICAL SUPERVISORS

KAREN L. BRANAGAN, RN, MSN

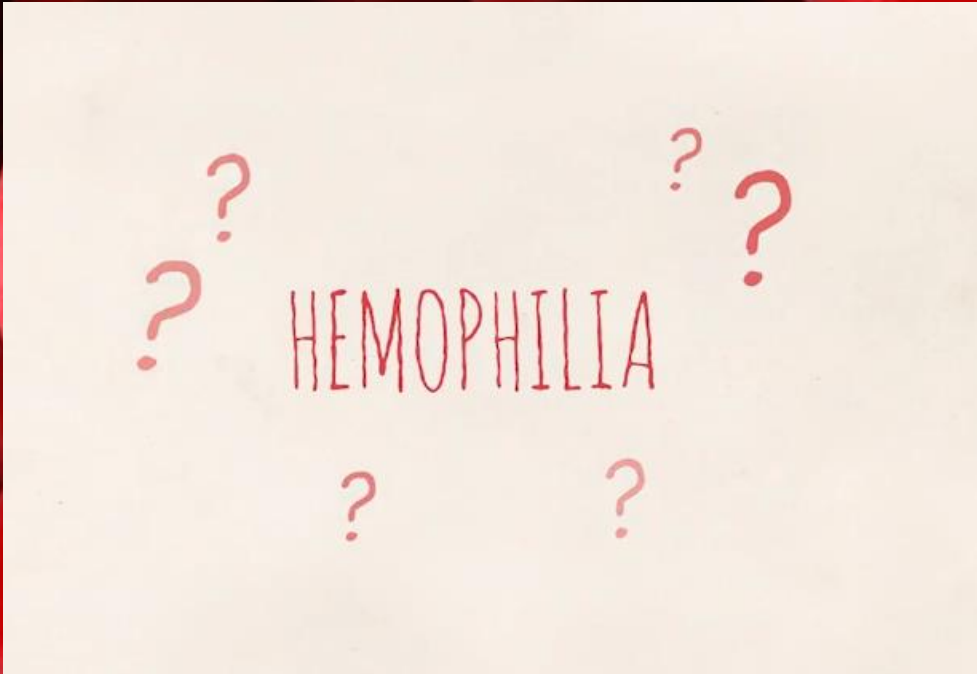
BRITTANY BRAWLEY, RN, BSN

Blood
vessel

WHAT ARE BLEEDING DISORDERS



- ▶ **Bleeding disorders are a group of disorders that share the inability to form a proper blood clot. They are characterized by extended bleeding after an injury, surgery, trauma, or menstruation.**
- ▶ **Sometimes the bleeding is spontaneous, without a known or identifiable cause.**
- ▶ **Improper clotting can be caused by defects in blood components such as platelets and/or clotting proteins, also called clotting factors.**
- ▶ **The body produces 13 clotting factors. If any of them are defective or deficient, blood clotting is affected; a mild, moderate, or severe bleeding disorder can result.**



HEMOPHILIA

If a person has hemophilia, they may bleed for a longer time after an injury than they would if their blood clotted normally.

Small cuts usually aren't much of a problem. The greater health concern is deep bleeding inside the body, especially in the knees, ankles, and elbows.

Internal bleeding can damage the organs and tissues and may be life-threatening.

BLEED SYMPTOMS

Common signs of hemophilia include:

- **Bleeding into the joints. This can cause swelling and pain or tightness in the joints; it often affects the knees, elbows, and ankles.**
- **Brusing, Bleeding into the skin or muscle and soft tissue causing a build-up of blood in the area called a hematoma.**
- **Bleeding of the mouth and gums, and bleeding that is hard to stop after losing a tooth.**
 - **Bleeding after circumcision.**
 - **Bleeding after having shots, such as vaccinations.**
- **Bleeding in the head of an infant after a difficult delivery.**
 - **Blood in the urine or stool.**
 - **Frequent and hard-to-stop nosebleeds.**
 - **Heavy Menstrual periods.**

HEMOPHILIA

(Inherited Blood Disorder
Factor VIII, Classic, or Type A)

- No Cure

- Avoid Injury &
Meds That Promote
Bleeding

- Good Nutrition

- Good Dental
Hygiene

- IV Administration
Of Deficient
Clotting
Factor

Intracranial Hemorrhage

Prolonged Nosebleeds

Bruises Easily

Warm, Painful, Swollen Joints
With ↓ Movement

GI Hemorrhage



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UNUSUAL BLEEDS

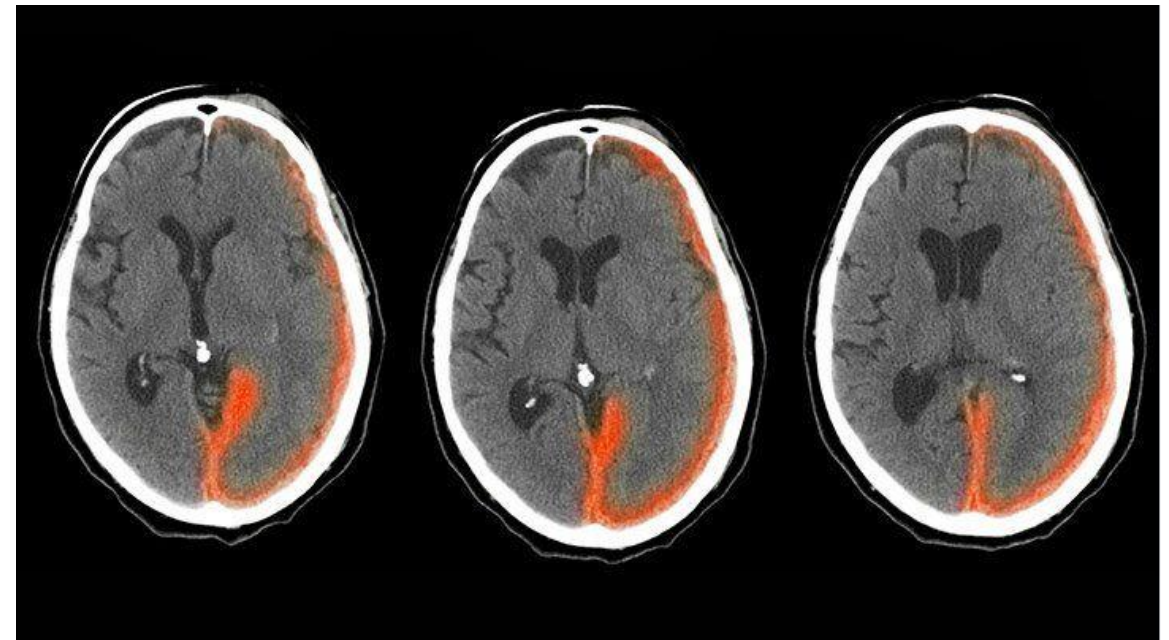


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Bleeds beneath the skin can cause large bruises that take time to heal. Bleeding in certain areas—the eye, head, brain, throat, or gastrointestinal tract—can be life threatening and require immediate attention.

Educate pt to seek EMERGENT treatment if they complain of:

- ▶ Painful, prolonged headache.
 - ▶ Repeated vomiting.
 - ▶ Sleepiness or lethargy.
 - ▶ Double vision.
- ▶ Sudden weakness or clumsiness.
 - ▶ Convulsions or seizures.



TREATMENT

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The best way to treat hemophilia is to replace the missing blood clotting FACTOR so that the blood can clot properly.

This is done by infusing commercially prepared FACTOR concentrates.

People with hemophilia can learn how to perform these infusions themselves so that they can stop bleeding episodes and, by performing the infusions on a regular basis can even prevent most bleeding episodes.



LIST of FACTOR MEDICATIONS AND SIMILAR BLOOD PRODUCTS WE GIVE

Advate
Adynovate
Aphanate
Aprolix
Benefix
Eloctate
Helixate FS
Hemlibra
Hemofil

Humate-P
Idelvion
Kogenate FS
Novoseven
Novoeight
Recombinatate
Von Vendi
Xyntha



ADMINISTRATION OF FACTOR

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- ▶ Verify orders
- ▶ Wash hands
- ▶ Prepare work surface
- ▶ Gather supplies
- ▶ Check Medication expiration date
 - ▶ Obtain access and secure
 - ▶ *Never open or mix medications before obtaining access*
- ▶ Mix meds following manufacturer directions
- ▶ Administer factor as directed by orders (normally Slow IV push over 3-5 minutes)

FACTOR DOSING +/- 10%

- ▶ Please document the EXACT dose given.
- ▶ Factor is never dispensed in the exact dose order.
 - ▶ For example, if the ordered dose is 2400 IUs, the Pharmacy may dispense a vial that contains 1449 IUs and a vial that contains 902 IUs.

$$1449+902 = 2351 \text{ units}$$

$$\pm 10\% \text{ of } 2400 = 2160 \text{ to } 2640$$

- ▶ So, patient's dose is any amount from 2160 to 2640 units.
- ▶ Those #s may not add up to the ordered dose or they may exceed the ordered dose.
 - ▶ There is a +/- 10% deviation allowed, and it is based on what Pharmacy has on hand.
- ▶ It is important to document the ACTUAL amount given in units and ML's (NOT the ordered dose).

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Diagnosis: Factor IX deficiency (HCC) (D67)

Ambulatory Referral To Home Health

Diagnosis for referral: factor IX deficiency

Number of visits: see below

Referred to Provider:

Reason for Referral: Specialty Services Required

Home health RN to infuse

Rixubus 5000 (+/- 10%) mild-moderate q24 hr bleed

Rixubus 10,000 (+/- 10%) for severe bleed q24 hrs



TEACHING

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IF orders allow for RN to teach pt/family to administer factor:

Teaching should focus on:

- ▶ General knowledge of hemophilia
 - ▶ Recognition of bleeds and common complications
 - ▶ Dosage calculation
 - ▶ Preparation and storage
 - ▶ Aseptic techniques
 - ▶ Performing venipuncture (or access of central venous catheter)
 - ▶ Administration technique
 - ▶ Record keeping, proper storage and disposal of needles/sharps, and handling of blood spills.
-
- ▶ Link to HHC Factor Policy: [1531776 \(powerdms.com\)](https://powerdms.com/1531776)



DOCUMENTATION

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▶ Documentation

- ▶ Always note the dose given (not the dose ordered)
 - ▶ Remember the +/- 10% on the orders
 - ▶ Document the site and type of access.
 - ▶ How patient tolerated infusion.
 - ▶ If pt has any signs of a bleed
 - ▶ Is pt using ice or other pain relief methods?
 - ▶ How many doses of Factor are on hand.

Documentation example:

▶ IV access obtained in right hand using butterfly, good blood return, flushes easily, secured with tape. Advate 2116 units/2.8 ml given via slow IV push, Pt tolerated well. Butterfly removed; no bleeding noted. Pt has no bruising, or signs of active bleed. Has 4 doses of factor and adequate supplies on hand.

ANNUAL ASSESSMENT/HEMOPHILLIA ASSESSMENT

Visit is just to complete the Annual Hemophilia Assessment form. Care Coordinator will send the RN the link to the form to download from Logiforms, when visit is confirmed. The form is 4 pages in length. Complete form and upload to Logiforms.

No SOC paperwork or HHC paperwork is required.

Write arrival and departure time and the mileage on the Assessment form and submit via Logiforms.

This will be paid like other visits. Visit is no more than 30 minutes

Clinical Assessment

Date: _____ Name: _____

DOB: _____ Gender: M F Ht: _____ Wt: _____

HTC Affiliation/Physician: _____ Last HTC visit: _____ Next HTC visit: _____

Diagnosis	Hemophilia Type & Severity	Baseline factor level
vWD	Type _____	_____
Other	Type _____	_____

History of Inhibitor: No Yes If yes: type (low/high) _____

Has immune tolerance therapy been used: No Yes

If yes: When & result _____

Date/result of last inhibitor level _____

Therapy: Prophylaxis Episodic/PRN

If PRN, Avg # bleeds/month _____ per year _____

Access: Peripheral Port Other (list) _____

Home Infusion Training Who has been trained? _____

If not self-infusing, is client/family interested in learning to self-infuse? No Yes

Nursing required at home: No Yes If yes, reason and current agency/nurse: _____

Site of therapy: where do infusions usually take place? (home, school, clinic, ER, etc.) _____

Factor Exposure: Type(s) of factor products used in past: Recombinate Plasma-derived

Has patient received 1st dose of factor? Yes No If no, any precautions needed _____

Special needs: Language barriers No Yes If yes, list language spoken _____

Vision or hearing needs No Yes If yes, describe _____

Allergies: _____

Medication Profile (record on Medication Profile Form)

Immunization: Hepatitis A Vaccine No Yes If yes, approx. date _____ Not sure _____

Hepatitis B Vaccine No Yes If yes, approx. date _____ Not sure _____

Routine recommended vaccines up to date No Yes Not sure _____

Clinical Assessment

Patient Name: _____ MRN: _____ Date: _____

DOB: _____ M F Ht: _____ Wt: _____

Physician: _____ Last MD Visit Date: _____ Next MD Visit Date: _____

Diagnosis: Hemophilia Type & Severity _____ Baseline Factor Level _____

vWD Type _____

Other _____

History of Inhibitor Yes No

Has immune tolerance therapy been used: Yes No

If yes: When & result _____

Date/result of last inhibitor level _____

Therapy & Frequency Prophylaxis _____

Episodic/PRN _____ Avg # bleeds/month _____ per year _____

Access Peripheral Port Other (list) _____

Home Infusion Training Self-Infusing Nursing Required at Home

If not self-infusing, is client/family interested in learning to self-infuse? Yes No

Current Nurse/Nursing Agency: _____ NIA

Who has been trained? _____

Factor Exposure: Factor products used in past: Recombinate Plasma-derived

Has patient received 1st dose of factor? Yes No

If no, any precautions needed _____

Allergies: _____

Other Medications: _____

Special Needs: Language barriers Yes No Vision/Hearing Needs Yes No

If yes, Describe: _____

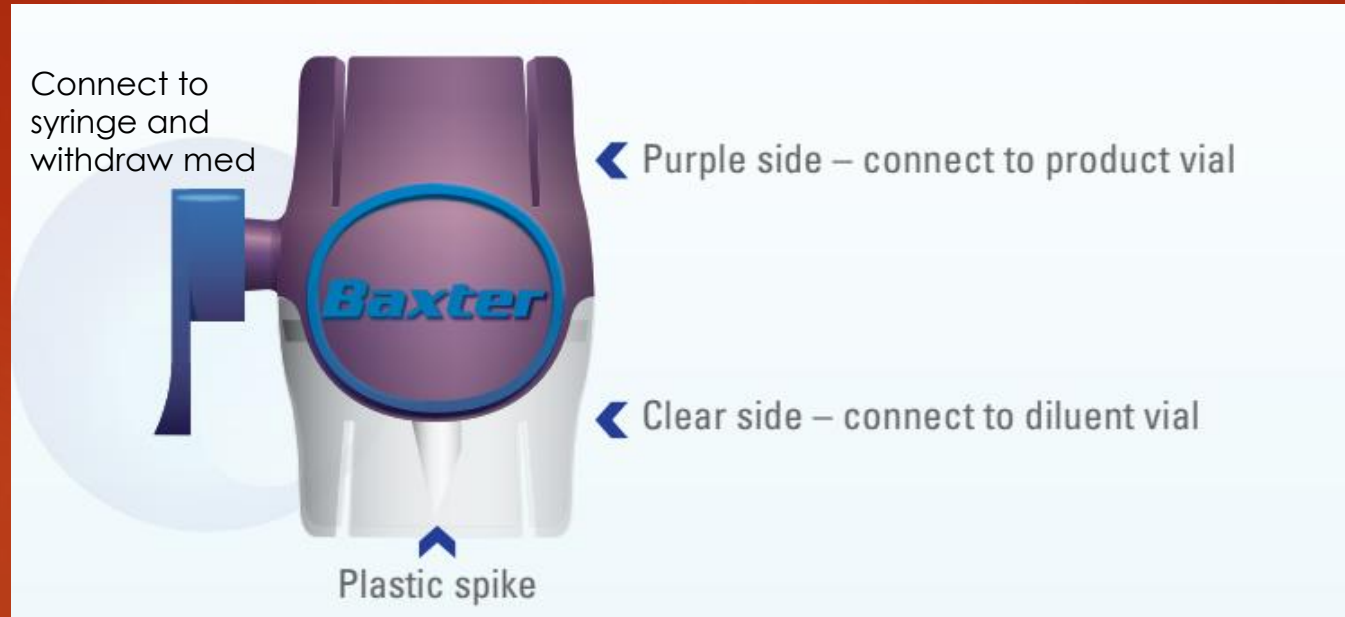
Immunization: Hepatitis A Vaccine Yes No If yes, approx. date _____ Not sure _____

Hepatitis B Vaccine Yes No If yes, approx. date _____ Not sure _____

Routine recommended vaccines up to date Yes No Not sure _____

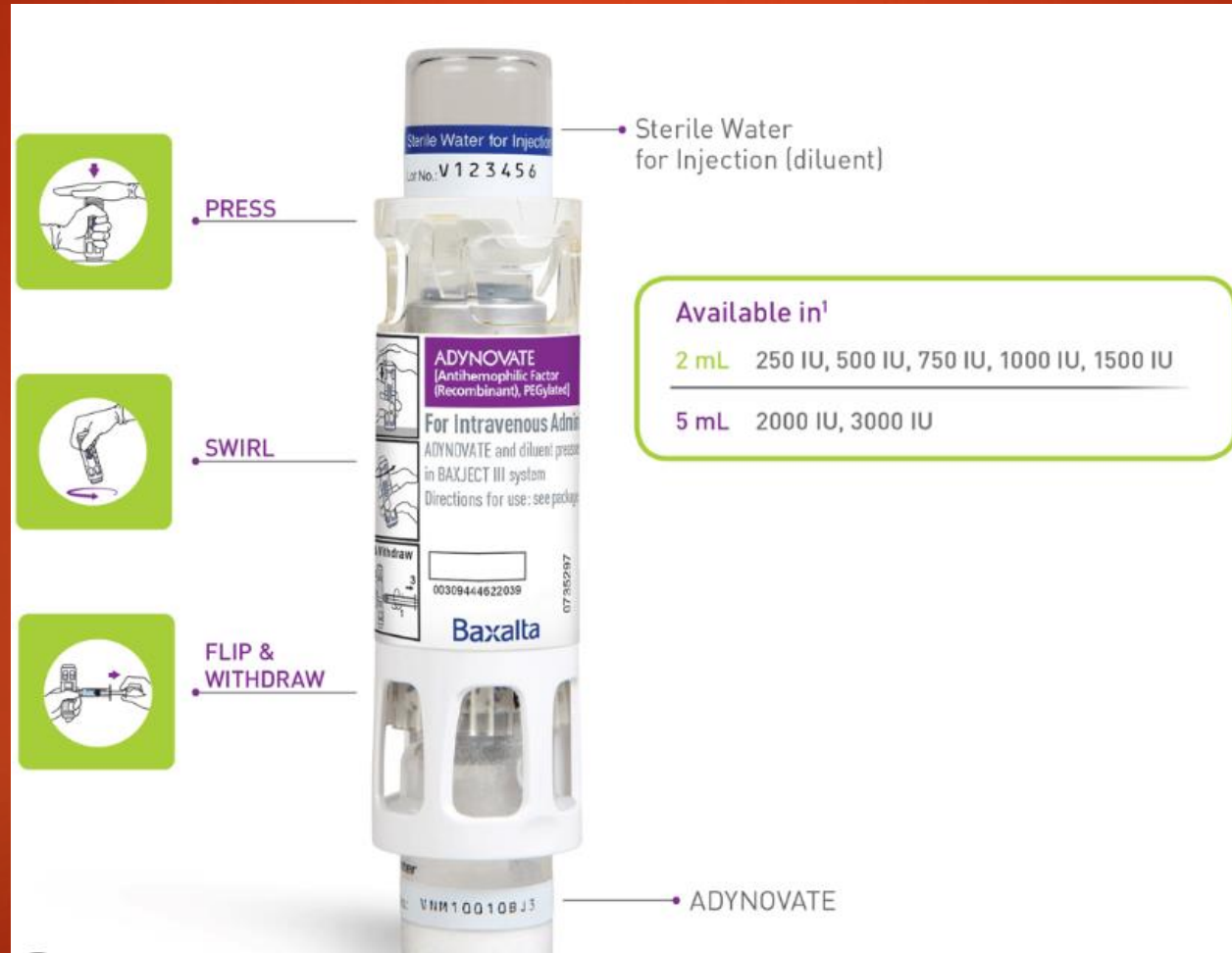
BAXJET II HIGH-FLOW NEEDLE-LESS TRANSFER DEVICE

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<https://youtu.be/wqlx3groMhg> Video for BaxJet II
[baxjet-ii troubleshooting guide digital-rebranded Rd3 v2.pdf \(rixubis.com\)](#)
Trouble shooting guide for Baxjet II system

BAXJET III NEEDLE-LESS TRANSFER DEVICE



[BAXJECT III®
Reconstitution System
Demonstration -
YouTube](#)



VIAL ADAPTER

MixPro®

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<https://youtu.be/r81tF>

[OS -TI](#)

MixPro video





FACTOR VIDEOS



Videos
are for
reference
only

Miz 2 Vial Reconstitution Review

<https://youtu.be/0KSp-Ofo7qc>

Alprolix

<https://youtu.be/uv3urDYYQE8>

Hemlibra Administration

<https://www.hemlibra.com/hcp/dosing-administration/injection-video.html> -

Schoox factor video

<https://www.schoox.com/academies/library2.php?acadId=1861895855&id=3398749>

What is Hemophilia

<https://www.schoox.com/academies/library2.php?acadId=1861895855&id=3398732>

Need More Supplies

Lab Supplies

Your Car Kit is provided by Helms

It includes

- Supplies for lab draws
- Gloves, Tourniquets, Alcohol Wipes
- Lab tubes, labels, Peripheral lab needles, biohazard bags

Use link below to request refill.
Shipment can take 7 business days.

[Supply Request \(RN Car Kit\)
\(helmshomecare.com\)](https://forms.helmshomecare.com/formdata/user_forms/83108_7180635/388304/)

https://forms.helmshomecare.com/formdata/user_forms/83108_7180635/388304/

Chronic Care Patients

Chronic Care Patients (i.e. IVIG and other regular infusion)

The RN is required by pharmacy to fill out a supply inventory/request with **each visit**. If supplied by pharmacy, please complete and upload the supply inventory sheet included with shipment otherwise use this link.

[Supply Request \(Pharmacy\)
\(helmshomecare.com\)](https://forms.helmshomecare.com/formdata/user_forms/83108_7180635/390721/page1.html?cachebust=218)

https://forms.helmshomecare.com/formdata/user_forms/83108_7180635/390721/page1.html?cachebust=218

Acute Care Patients

Acute Care Patients (i.e. ABX patients) are responsible to requesting supplies and refills from their pharmacy.

Please remind patients at each weekly visit to call their pharmacy and request needed supplies.



COMMUNICATION VIA TEAMS

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When responding to messages in Teams be sure to tag the proper person/team.

For Clinical issues:

- IV start issues. Patient issues. Order questions. Patient reactions.
- Use tags **@Teamhelp-Clinical** and **@Teamhelp-CareCoordination**
- The **@TeamHelp-Clinical** tag should **ONLY** be used during business hours (Monday - Friday, 8a - 5p). During afterhours which includes the weekends, you should submit a nurse ticket for any issues or questions.
- <https://forms.monday.com/forms/139d98db8b6a88cfac13a8db09fcabe7?r=use1>

For Care Coordination issues:

- Need to reschedule visit? Pt cancelled. Pt not home. No supplies, etc.
 - Use tag **@Teamhelp-CareCoordination**

For Call Outs:

- Tag
- **@TeamHelp-CareCoordination**
- and
- **@Clinical Supervisor**

COMMUNICATION

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- ▶ Always reach out to Helms with issues, questions or concerns.
 - ▶ Do NOT call the Pharmacy or Provider.
- ▶ If patient calls the MD or Pharmacy, please let the CC know.
 - ▶ Please do NOT take verbal orders in the field.

▶ ANA Kits

- ▶ Be sure to always check your ANA kits BEFORE obtaining access or opening meds.

For ANA Kits and EPI Pens, Pharmacy is required to put expiration date 1 year (12 months) from fill date, even though the manufacturer expiration date is longer.

We are OK to use the expiration date on the actual medication from the manufacturer.

You are OK to infuse if the dates on the actual meds are good. Please notate the expiration date on the medication in the narrative section of your visit note and request a new ANA kit or Epi Pen on your supply list.

Thank you for attending and for your continued hard work and dedication.

