



GUIDELINES FOR THE USE OF ABCIXIMAB (REOPRO)

INDICATIONS:

Abciximab is indicated as an adjunct to selected percutaneous coronary interventions (PCI) for the prevention of acute cardiac ischemic complications in patients at risk for abrupt closure of the treated coronary vessel.

- 1. Unstable ischemic syndromes associated with coronary thrombosis:
- Unstable angina
- Non-Q-wave myocardial infarction
- Acute Q-wave myocardial infarction within 12 hours...
2. Presence of significant thrombus pre or post intervention
3. High risk or complex anatomy for intervention or complex intervention:
- Most type B or C lesions
- Most saphenous vein grafts
- Poor LV function (LVEF < 30%)
- Most diabetics

CONTRAINDICATIONS:

- Active internal bleeding
- Recent (within six weeks) GI or GU bleeding of clinical significance
- History of CVA within 2 years, or CVA with a significant residual neurological deficit
- Bleeding diathesis
- Administration of oral anticoagulants within seven days unless prothrombin time is <= 1.2 time control
- Thrombocytopenia (< 100,000 cells/mcL)
- Recent (within six weeks) major surgery or trauma
- Intracranial neoplasm, arteriovenous malformations, or aneurysm
- Severe uncontrolled hypertension
- Presumed or documented history of vasculitis
- Use of intravenous dextran before PTCA, or intent to use it during PTCA
- Known hypersensitivity

ELECTIVE (prophylactic) Administration

Abciximab Dosing:

- Administer at the beginning of the procedure, immediately after obtaining vascular access.
- Give initial IV bolus of 0.25 mg/kg (about 17 mg)
- Begin IV infusion at 0.125 mcg/kg/min (max = 10 mcg/min) to last for 12 hours
- Start ASA

Heparin Dosing:

- Give initial bolus of IV heparin of 70 units/kg (about 5000 units), check the ACT for a target of 200-230 seconds, and give additional heparin as needed to reach the target ACT.
- If the patient is already on heparin, check an ACT prior to the initial bolus and after abciximab is administered.
- Monitor ACT's every 90 minutes during the procedure to maintain target ACT of 200-230 seconds.
- Do not place patient on a continuous heparin drip.

Management of the Patient Post-Procedure:

- Do not place patient on immediate post-procedural IV heparin.
- Remove sheaths when ACT < 150 seconds while still on abciximab.
- Only if necessary, restart IV heparin or enoxaparin >= 4 hours after sheath removal.
- Continue abciximab for 12 hours after the procedure.
- Obtain platelet count 3 hours after initial abciximab
- Continue ASA, (clopidogrel if coronary stent)

RESCUE Administration

This is abciximab given mid-procedure, after full dose heparin to ACT >= 300 seconds was already given.

- Give initial IV bolus of 0.25 mg/kg
- Begin IV infusion of 10 mcg/min to last for 12 hours

Heparin Dosing:

- Give no more heparin boluses & d/c any heparin infusion
- Proceed to complete angioplasty procedure
- Check ACT at end of procedure. Give Protamine in 10 mg boluses; repeat the ACT after each bolus, till the ACT is 200-230
- Use caution in administering protamine to diabetic pts on NPH insulin

Management of Patients Post-Procedure

- Do NOT place pt on immediate post-procedural IV Heparin
- Remove sheaths when ACT <150 sec while still on abciximab
- Only if necessary, restart IV heparin or sq enoxaparin (Lovenox) >= 4 hrs after sheath removal
- Continue abciximab for 12 hours after the procedure
- Obtain platelet count 3 hrs after initial abciximab bolus

Management of a Patient Receiving Abciximab if a Major Bleeding Complication Occurs

- 1. Immediately discontinue abciximab. Perform platelet transfusions as required to control bleeding.
2. Immediately discontinue IV heparin. Administer protamine as required to control bleeding.

Management of a Patient Receiving Abciximab if Cardiac Surgery is Required (Duration of platelet inhibition is 24-48 hours)

- 1. Discontinue abciximab 48 hrs prior to surgery if possible.
2. If surgery is required sooner:
- Prior to heparinizing for CP bypass, draw ACT & give a titrated dose of heparin to obtain ACT of 400-500 seconds
- Transfuse two 8-packs of platelets as the pt is coming off pump
- Administer further platelet transfusions only as required to control bleeding after surgery.

Management of Post-Abciximab Thrombocytopenia

For platelet count >100,000:

- Do not alter treatment.

For platelet count 40,000-100,000:

- Redraw stat platelet count in a citrate preserved tube. If similar count of < 100,000, immediately discontinue abciximab.
- Perform platelet transfusions only as required to control bleeding.
- Repeat platelet count q 12 hours until >100,000.

For platelet count < 40,000

- Immediately discontinue abciximab.
- Perform platelet transfusion as required to control bleeding or consider administering to maintain platelet count >= 40,000.
- Repeat platelet count q 12 hours until >100,000.
- Consider stopping heparin.

Questions, Assistance, or Referrals:

LDSH: 408-1100 MCKAY-DEE: 398-2800 UTAH VALLEY: 357-7850

LifeFlight 408-1234 or 1-800-408-1191

© IHC 1999