

## COAGULATION SUB-STUDY

### Form A: UPON ICU ADMISSION

Please complete the below data as of the date and time of the patient's admission to ICU

1. Date of Assessment ( \_\_/\_\_/\_\_ )
  
2. Do you have any of the following Lab Values Today?
  - PT: \_\_\_\_\_  
Unit of measurement :
    - sec
    - %
  
  - aPTT: \_\_\_\_\_  
Unit of measurement :
    - Sec
    - %
  
  - INR: \_\_\_\_\_
  
  - ACT: \_\_\_\_\_
  
  - LDH: \_\_\_\_\_  
Unit of measurement :
    - U/L
    - microkatal/L
  
  - Fibrinogen: \_\_\_\_\_  
Unit of measurement:
    - mg/dL
    - g/L
  
  - Plasma Free Hemoglobin: \_\_\_\_\_ (mg/dL)  
Haemoglobin Analyzer:
    - Hemocue
    - Mass Spectroscopy
  
  - Anti-Xa: \_\_\_\_\_ (U/ml)
  
  - Ferritin: \_\_\_\_\_
  
  - D-Dimer: \_\_\_\_\_ (microgram/ml)
  
  - IL-6: \_\_\_\_\_ (pg/ml)
  
  - CRP: \_\_\_\_\_ (mg/dL)

- Lupus Anticoagulant status:  
 positive  
 negative
- Protein C: \_\_\_\_\_  
 %  
 U/dL
- Von Willebrand Factor Antigen: \_\_\_\_\_(U/dL)
- Antithrombin level: \_\_\_\_\_ (IU/dL)
- Ristocetin CoFactor: \_\_\_\_\_  
 %  
 U/dL
- Other: \_\_\_\_\_
- None

**3. Do you have any of the following Coagulation Monitoring tests today?**

- TEG  
 ROTEM  
 Neither

**PLEASE UPLOAD YOUR REPORT TO REDCAP**

**DO NOT FILL TEG Data if you completed DATA UPLOAD**

**What TEG device do you use?**

<input type="checkbox"/> <b>TEG 5000</b> <input type="checkbox"/> Heparin <input type="checkbox"/> Heparinase <b>TEG Blood type Fresh versus Citrate</b> <input type="checkbox"/> Fresh-Blood <input type="checkbox"/> Citrated-Blood <b>What type of TEG 5000 Reagent did you use?</b> <input type="checkbox"/> Native Blood <input type="checkbox"/> Native Blood + Heparinase <input type="checkbox"/> Kaolin <input type="checkbox"/> Kaolin + Heparinase <input type="checkbox"/> Functional Fibrinogen  R-Time: _____ (min)  Alpha Angle: _____ (degrees)	<input type="checkbox"/> <b>TEG 6s</b> <input type="checkbox"/> Heparin <input type="checkbox"/> Heparinase  R-Time: _____ (min)  Alpha Angle: _____ (degrees)  MA: _____ (mm)  LY30: _____ (%)  TEG Platelet Mapping (PM) <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes:
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<p>MA: _____ (mm)</p> <p>LY30: _____ (%)</p> <p>TEG Platelet Mapping (PM)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes:</p> <p>TEG-PM Thrombin MA: _____ (mm)</p> <p>TEG-PM Fibrin MA: _____ (mm)</p> <p>TEG-PM AA MA: _____ (mm)</p> <p>TEG-PM %AA inhibition: _____ (%)</p> <p>TEG-PM ADP MA: _____ (mm)</p> <p>TEG-PM %ADP inhibition: _____ (%)</p>	<p>TEG-PM Thrombin MA: _____ (mm)</p> <p>TEG-PM Fibrin MA: _____ (mm)</p> <p>TEG-PM AA MA: _____ (mm)</p> <p>TEG-PM %AA inhibition: _____ (%)</p> <p>TEG-PM ADP MA: _____ (mm)</p> <p>TEG-PM %ADP inhibition: _____ (%)</p>
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**What ROTEM data do you have?**

EXTEM	INTEM	FIBTEM
EXTEM CT: _____	INTEM CT: _____	FIBTEM A5: _____
EXTEM CFT: _____	INTEM CFT: _____	FIBTEM A10: _____
EXTEM A5: _____	INTEM A5: _____	FIBTEM A20: _____
EXTEM A10: _____	INTEM A10: _____	FIBTEM MCF: _____
EXTEM A20: _____	INTEM A20: _____	FIBTEM A5: _____
EXTEM MCF: _____	INTEM MCF: _____	
EXTEM LI30: _____		
EXTEM LI60: _____		
EXTEM ML: _____		

**4. Did the patient receive any of the following medications in the past 24 hours?**

SubQ Heparin

Dose of Heparin: \_\_\_\_\_

Frequency of SQ Heparin:

- qDaily
- BID
- TID
- QID

Heparin Infusion

What was the IV heparin dose at 0700? (units/kg/hour): \_\_\_\_\_

What was the total amount of IV heparin dose in the past 24 hours: \_\_\_\_\_

How does your institution monitor IV Heparin infusion:

- ACT
- aPTT
- Anti-Xa
- Other: \_\_\_\_\_

What is the clinical range ACT goal set by the team for the past 24 hours: \_\_\_\_\_

Was the patient in the target range set by the clinician:

- Yes
- No

Low Molecular weight heparin (Lovenox)

What dose of LMWH did the patient receive?: \_\_\_\_\_

Frequency of LMWH:

- qDAILY
- BID
- TID
- QID

Warfarin

What was the cumulative dose of warfarin/coumadin that the patient received in the past 24 hours.  
(mg) : \_\_\_\_\_

What was the target INR set by the clinical team for the past 24 hours : \_\_\_\_\_

Rivaroxaban

What was the total 24 hour dose of Rivaroxaban that the patient received in the last 24 hours?  
(mg): \_\_\_\_\_

Apixaban

What was the total 24 hour dose of Apixaban that the patient received in the last 24 hours?  
(mg): \_\_\_\_\_

- Argatroban

What was the total dose of Argatroban the patient received in the past 24 hours?  
(mg): \_\_\_\_\_

- Bivalirudin

What was the total dose of Bivalirudin the patient received in the past 24 hours?  
(mg): \_\_\_\_\_

Add; How is bivalirudin monitored?

- a. aPTT  
b. other

What is goal aPTT?

- DDAVP

How many units of DDAVP did the patient receive in the past 24 hours?: \_\_\_\_\_

- AMICAR (epsilon-Aminocaproic acid)

What was the total dose of Amicar that the patient received in the past 24 hours?  
(mg): \_\_\_\_\_

- Transexemic Acid

What was the total dose of TXA (transexemic acid) that the patient received in the past 24 hours?  
(mg): \_\_\_\_\_

- Protamine

What was the total dose of protamine in the past 24 hours? (mg): \_\_\_\_\_

- Adexanet Alfa

What was the total dose of Adanexant Alfa that the patient received in 24 hours?  
(mg): \_\_\_\_\_

- Other

5. **Did the patient experience a bleeding or thrombotic event today?**

- Bleeding**

- Intraparenchymal

- Right  Left

- Subarachnioid
  - Right
  - Left
  
- Subdural
  - Right
  - Left
  
- Epidural
  
- Intraventricular
  
- Oropharynx/Nasopharynx
  
- GI
  
- Cannula Site
  
- Central line site
  
- Soft tissue, skin
  
- Retroperitoneal
  
- Chest tube
  - Total 24hour chest tube output? (ml): \_\_\_\_\_
  
- Other
  
- Thrombosis or clotting**
  - DVT
    - RUE
    - LUE
    - Lower Extremity
    - Other
  - PE
  - Ischemic large vessel stroke
  - ECMO Circuit

- ECMO Oxygenator
- ECMO Cannula
- ECMO Circuit
  
- ECMO Pumphead
  
  
- Dialysis Circuit
- Mesenteric Thrombosis
- AV Graft Thrombosis
- Central Line
- Mechanical Valve
- Impella
- RVAD
  - ECMO Oxygenator
  - ECMO Cannula
  - ECMO Circuit
  
  - ECMO Pumphead
  - LVAD Inflow
  - LVAD Outflow
- LVAD
  - LVAD Inflow
  - LVAD Outflow

6. Did the patient receive any blood products in the last 24 hours?

- Yes  
 No

7. What type of blood products did the patient receive in the last 24 hours?

- pRBC  
What was the total pRBC amount in the last 24 hours (ml)? \_\_\_\_\_
- FFP  
What was the total FFP amount in the last 24 hours (ml)? \_\_\_\_\_
- Platelets  
What was the total platelet amount in the last 24 hours (ml)? \_\_\_\_\_
- Cryoprecipitate  
What was the total cryoprecipitate amount in the last 24 hours (ml)? \_\_\_\_\_
- PCC  
What was the dose of PCC administered? (mg/kg) \_\_\_\_\_
- None
- Other:  
What was goal hemoglobin for day (if set)?
- 7
  - 8
  - 9
  - 10
  - 11

What was goal platelet count for day (if set)?

- >150K
- 100-149
- 50-99
- 20-49