DOSES BELOW

Coagulation factor concentrates during bleeding

START HERE · Confirm active bleeding and measure clot deficits
Control the source, correct reversible conditions and use viscoelastic or lab results to guide replacement.

↓

Which deficit has been identified?

Low fibrinogen or impaired fibrin clot →	Use the stocked fibrinogen concentrate or cryoprecipitate under the assay-guided pathway. Product thresholds differ.
Specific indication for PCC →	Confirm the indication, formulation and contraindications with the team. An elevated INR alone in liver failure is insufficient.
Still bleeding after targeted therapy →	Recheck the source and deficits. Reserve recombinant factor VIIa for specialist-directed rescue.

DOSE AND ADMINISTRATION

Cryoprecipitate or fibrinogen · local order Local order	**Cryoprecipitate units/pools or concentrate dose per local product and assay-guided order.** [26] [27]
FIBRYGA · acquired bleeding, US label Product or evidence specific	**FIBRYGA US label: 4 g IV initially in adults. If bleeding persists, the label permits another 4 g as needed at fibrinogen ≤200 mg/dL or FIBTEM A10 ≤10 mm.** [29]
PCC · indication-specific dose Local order	**PCC dose per specific indication, stocked product and transplant protocol.** [26] [27] [28]
Recombinant factor VIIa · rescue Local order	**Rescue dose per specialist order.** [26]

Reassess and escalate · Read back product, IU or grams, volume and route. Repeat clot assessment and monitor for thrombosis.

Clinical scope · The example dose applies to the named product and indication. Follow the actual hemostatic assay and local transplant pathway for further replacement. PCC has separate product-specific indications and dosing.

Official algorithm

Sources [26] ESAIC perioperative bleeding 2023 • [27] Montalvá et al. 2022 • [28] KCENTRA (DailyMed) • [29] FIBRYGA (DailyMed) • [30] RIASTAP (DailyMed)