

HOSPITAL-WIDE EVALUATION OF RECOMBINANT FACTOR VIIA USE (B3), Kathryn Myers, Chris Dunkerley , Gary Davis, Sean Runnels. University Health Care, Salt Lake City, UT (kathryn.myers@hsc.utah.edu) IRB approval received.

The University Health Care P&T Committee constructed guidelines in 2004 to assist health care professionals in the prescribing, dosing, and administration of recombinant factor VIIa. However, the utilization of factor VIIa administration at our hospital has not been examined. The current study is a descriptive, single-center analysis for quality improvement. The objective of the study is to create and maintain a database to monitor factor VIIa use at our hospital. Patients ≥ 18 years of age who received factor VIIa between June 1, 2007 and February 1, 2009 will be included in the study. The primary endpoint is patient outcome associated with factor VIIa administration, including mortality and adverse events. We will examine 24-hour mortality, hospital stay mortality, and 30-day mortality following factor VIIa administration. Adverse events, primarily thromboembolic events, associated with factor VIIa administration will be evaluated. Secondary endpoints include factor VIIa efficacy, as defined by assessing blood products and other hemostatic agents required; dose and administration of factor VIIa, including amount given, number of times re-dosed, number of unused doses, and appropriate conditions for administration; and costs associated with factor VIIa. Based on our findings,

we intend to update the current P&T Committee guidelines for factor VIIa. The results will be presented.