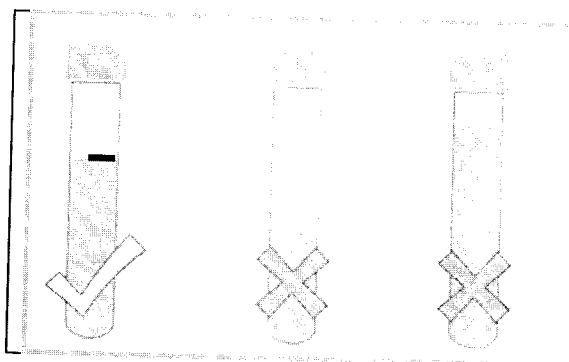


STANDARD OPERATING PROCEDURE FOR COAGULATION WORK-UP, DEPARTMENT OF PATHOLOGY, JIPMER

1. GENERAL INSTRUCTIONS

- I. All requisition forms must be properly filled and barcoded.
- II. Ensure proper labelling of samples such that part of blood column is visible.
- III. Send the samples to the laboratory as early as possible, preferably within 2 hours of collection. If any delay is expected, refrigerate the sample at 4-10 °C. Do not freeze.
- IV. Samples for coagulation work-up to be taken from peripheral vein; heparinised line samples should not be sent.
- V. While collecting the blood, ensure free flow of blood. Do not eject the blood from the syringe through the needle to avoid hemolysis.
- VI. The sample should be of correct volume (up to the mark indicated - 2ml), collected in the appropriate anticoagulant tube (citrate tube with blue cap) and mixed gently
- VII. Samples to be sent during laboratory hours (9.00 am to 1.00 pm)
- VIII. If special coagulation test is required, kindly fix an appointment for the same.



2. INDICATIONS AND ADVISED WORK-UP FOR COAGULATION STUDIES

| INDICATIONS | REQUIRED DETAILS | WORK-UP TO BE ADVISED |
|----------------------|---|---|
| 2.1 BLEEDING WORK-UP | <ol style="list-style-type: none"> i. Presenting clinical features, past history, family history and treatment history ii. Bleeding assessment tool/ bleeding score¹ iii. Platelet count values & any previous investigations if done already | <ul style="list-style-type: none"> • Platelet count • PT, aPTT • Further work-up will be done based on the algorithm |

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| | | |
|--|---|---|
| <p>2.4 LIVER DISEASES</p> <p>(* Prolongation of PT-INR reflects synthetic function of liver. Not needed to repeat frequently unless the patient is bleeding/ plasma products transfused)</p> <p>(*Kindly mention recent LFT values with date if done)</p> | <p>i. Chronic liver disease</p> <p>ii. Acute liver failure</p> <p>iii. As a part of Child-Pugh's scoring/ MELD score</p> | <p>PT-INR</p> |
| <p>2.5 PRE-OPERATIVE ASSESSMENT⁵</p> | <p>i. a) If procedure does not carry significant risk of bleeding b) History and physical examination do not suggest presence of bleeding disorder. no additional laboratory testing is required</p> <p>ii. a) When patient is on anticoagulation for other reasons b) minor risk (procedure related/ previous bleeding history/ patient is jaundiced/ variceal banding) c) Prior to liver FNAC/biopsy</p> <p>iii. Major abdominal or liver surgeries</p> | <p>No coagulation work-up required</p> <p>Platelet count, PT-INR and/ aPTT</p> <p>Platelet count, PT-INR and aPTT</p> |

- For any other investigation not listed kindly discuss with the undersigned.

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