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| **Emergency Card – Hemophilia A on Emicizumab**  If patient presents with risk of intracranial, GI or other life/limb threatening severe bleeding treat immediately with treatment regimen below and prior to imaging or any invasive / surgical procedure.  **Treatment regimen (severe bleeding):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Treatment regimen (mild bleeding):**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Treatment regimen (mucosal bleeding):**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1 | **Emergency Card – Hemophilia A on Emicizumab**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/ \_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_ Baseline FVIII:\_\_\_\_\_% Severity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inhibitor Status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Most recent inhibitor level (BU):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prophylactic Regimen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies/Contraindications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   2 |
| **Emergency Card – Hemophilia A on Emicizumab**  **Special Considerations:**    APCC medications have the potential to cause thrombotic microangiopathy (TMA) and thrombotic events when used concurrently with Emicizumab. Consult hematology team before use.  Emicizumab may also interfere with specific coagulation tests (activated clotting time, activated partial thtromboplastin time, aPPT-based assays, or standard inhibitor testing). Please contact HTC for guidance in how to determine dosing for factor replacement or measurement of inhibitor titers.  3  Townsville, State 54321 USA  (543) 543-5432  (800) 532-5432  (543) 543-5433  Web address | **Emergency Card – Hemophilia A on Emicizumab**  In the event of an emergency treat with treatment regimen on card 1 and call hemophilia treatment center (HTC) for recommendations.  **HTC Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Daytime number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **After hours number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4 |