

GUIDELINES ON THE REVERSAL OF FACTOR X INHIBITORS DIRECT ORAL ANTICOAGULANTS (DOACs)

THIS APPLIES ONLY TO APIXABAN, RIVAROXABAN AND EDOXABAN

FOR DABIGATRAN PLEASE FOLLOW SPECIFIC DABIGATRAN GUIDELINES

Minor bleeding	Moderate bleeding*	Major Bleeding [†] , Strong suspicion of intracerebral bleeding OR Emergency surgery cannot be delayed for 6h <i>NB. Patients on anticoagulants presenting with a strong suspicion of intracerebral bleed should have their anticoagulation reversed before the results of any investigations.</i>
<ul style="list-style-type: none"> Withhold next dose of DOAC or discontinue treatment as appropriate. Apply local measures and treat any aggravating factors. Check coagulation screen (APTT, PT, fibrinogen, and DOAC level); indicate time of last dose on request form. Check full blood count, renal function and electrolytes (including calcium). 	<ul style="list-style-type: none"> Implement all measures for minor bleeding. Consult Haematology Service. Mechanical compression, or consider surgical intervention or wound packing. Administer fluid replacement to maintain good urine output. Consider platelets if levels less than 50 x 10⁹/L or patient on anti-platelet agent. Consider oral activated charcoal if <2 hour since DOAC ingestion. Blood group & save, and antibody screen. 	<ul style="list-style-type: none"> Implement all measures for moderate bleeding. Immediate IV administration of Prothrombin Complex Concentrate (Octaplex) 25 units/Kg (Max. 3000units)¹ Consider oral activated charcoal if <2 hour since DOAC taken. If bleeding continues consider Tranexamic acid^{®3} <ul style="list-style-type: none"> IV 30 mg/kg, followed by Continuous infusion at 1 mg/kg/hr until bleeding is under control^{®3}. If bleeding continues, discuss again with the on-call consultant haematologists regarding: <ul style="list-style-type: none"> A second dose of Octaplex 25 units/Kg (Max. 3000units). Recombinant factor VIIa (Novoseven[®]) IV bolus 50 micrograms/kg may be trialled if critical.

Moderate bleeding: non-trivial bleeding with a reduction in haemoglobin of less than 20 g/L, or requiring transfusion of less than two units of red blood cells.

* **Severe to life or limb threatening bleeding:** bleeding with a reduction in haemoglobin of greater than or equal to 20 g/L, or requiring transfusion of greater than or equal to two units of red blood cells, or involving a critical site.

® There is limited evidence of the clinical benefit for tranexamic acid in this setting and treatment should not delay resuscitation and adequate factor replacement.

1 Thromb Haemost. 2012;108(2):217

2 Br J Haematol. 2015 May;169(4):603-4. Epub 2014 Nov 25.

3 <http://www.health.qld.gov.au/dhpolicy/docs/gdl/qh-gdl-950.pdf>