

## GUIDELINES ON THE REVERSAL OF DABIGATRAN

THESE GUIDELINES APPLIES ONLY TO DABIGATRAN

FOR APIXABAN, RIVAROXABAN AND EDOXABAN PLEASE FOLLOW SPECIFIC GUIDELINES

| Minor  | Moderate bleeding*  | Major Bleeding*,<br>Strong suspicion of intracerebral bleeding OR<br>Emergency surgery cannot be delayed for 6h<br><br><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>   |
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| <ul style="list-style-type: none"> <li>Withhold next dose of DABIGATRAN or discontinue treatment as appropriate.</li> <li>Apply local measures and treat any aggravating factors.</li> <li>Check coagulation screen (APTT, PT, fibrinogen, and DABIGATRAN level); indicate time of last dose on request form.</li> <li>Check full blood count, renal function and electrolytes (including calcium).</li> </ul> | <ul style="list-style-type: none"> <li>Implement all measures for minor bleeding.</li> <li>Consult Haematology Service.</li> <li>Mechanical compression, or consider surgical intervention or wound packing.</li> <li>Administer fluid replacement to maintain good urine output.</li> <li>Consider platelets if levels less than 50 x 10<sup>9</sup>/L or patient on anti-platelet agent.</li> <li>Consider oral activated charcoal if &lt;2 hour since DABIGATRAN ingestion.</li> <li>Blood group &amp; save, and antibody screen.</li> </ul> | <ul style="list-style-type: none"> <li>Implement all measures for moderate bleeding.</li> <li>Immediate IV administration of <b>Idarucizumab</b> (Praxbind) 5 grams (2x2.5 g/50 mL).</li> <li>Administration of a second 5 grams dose of Praxbind may be considered in the following situations:               <ol style="list-style-type: none"> <li>Recurrence of clinically relevant bleeding together with prolonged APTT and PT (&gt;1.5 ratio ), or</li> <li>If potential re-bleeding would be life-threatening and prolonged APTT and PT are observed, or</li> <li>Patients require a second emergency surgery/urgent procedure and have prolonged APTT and PT.</li> </ol> </li> </ul> |

# **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 <http://www.medicines.org.uk/emc/medicine/31243>

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

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

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

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