Trauma Center Practice Management Guideline

Iowa Methodist Medical Center — Des Moines

Oral Anticoagulant Emergent Reversal Management Guideline **ADULT Effective: 06/2014 Practice Management Guideline** Contact: Trauma Medical Director **Reviewed: 04/2023 General Measures** Control bleeding with local hemostatic measures Initiate appropriate resuscitation measures, including blood products Insure adequate urine output STOP any anticoagulant/antiplatelet agent if not already done, and record time of last dose Laboratory Orders STAT: CBC, BMP, fibrinogen, Thrombin Time, a PTT, PT/INR, Trauma Rotem **Reversal Strategies** 1. Give platelet transfusion Verify Now Antiplatelet Agents: Aspirin, YES 2. Recheck Verify Now Therapeutic Clopidogrel, Ticagrelor, Prasugrel NO No additional treatment indicated, monitor 1. Give 2 units thawed plasma INR as clinical condition indicates 2. Give vitamin K 10 mg IV over 30 minutes 3. Check INR every 4 hours for the first 24 hours (or more frequently based on clinical condition) INR > 1.5 Warfarin 4. Consider Kcentra (PCC) FIXED Kcentra dosing for warfarin reversal: Weight < 100 kg AND baseline INR unknown or NO <7.5 - Give 1500 units. Weight ≥100 kg OR baseline INR ≥7.5 – Give 2000 No additional treatment indicated, monitor May give 500 units if post-treatment INR >2 or INR as clinical condition indicates patient has not had a positive clinical response. Direct Thrombin Inhibitors: Thrombin Time 1. Praxbind (Idarucizumab) 5 grams IV x 1 Dabigatran (Pradaxa) YES ->24 secs supplied as two 2.5 gram vials (50 mL each). Administer the dose via IV infusion = the two vials should be given within 15 NO minutes of one another No additional treatment indicated, monitor clinical condition Kcentra (PCC) 25 units/kg via slow IV infusion X 1 If medication taken within Factor Xa inhibitors: Rivaroxaban (Xarelto) (Maximum 2500 units) previous 48 hours Apixaban (Eliquis)

Major Bleeding: Defined as intracranial hemorrhage or significant decrease in the hemoglobin concentration resulting in hemodynamic compromise or compression of a vital structure and felt to be related to anticoagulation.

NO

No additional treatment indicated, monitor

clinical condition

Head Injury - Refer to Andexanet Alfa (Andexxa)

Approval Pathway