

Trauma Center Practice Management Guideline

Iowa Methodist Medical Center — Des Moines

Oral Anticoagulant Emergent Reversal Management Guideline

ADULT Practice Management Guideline	Effective: 06/2014
Contact: Trauma Medical Director	Reviewed: 01/2026

General Measures

- Control bleeding with local hemostatic measures
- Initiate appropriate resuscitation measures, including blood products
- Ensure 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 TEG, TEG Platelet Mapping

Reversal Strategies

Medication	Laboratory Results	Treatment
Vitamin K Antagonist Warfarin (Coumadin)	INR > 1.5	1. Give 2 units thawed plasma 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) 4. Consider 4-factor PCC (KCentra) FIXED KCentra dosing for warfarin reversal: 1. Weight < 100 kg AND baseline INR unknown or <7.5 Give 1500 units. 2. Weight ≥ 100 kg OR baseline INR ≥7.5 – Give 2000 units 3. May give 500 units if post-treatment INR >2 or patient has not had a positive clinical response.
	INR < 1.5	No treatment indicated, monitor INR as clinical condition indicates
Direct Thrombin Inhibitor Dabigatran (Pradaxa)	Thrombin Time > 24 seconds	Idarucizumab (Praxbind) 5 grams IV x 1 supplied as two 2.5 gram vials (50 mL each). Administer the dose via IV infusion = the two vials should be given within 15 minutes of one another
	Thrombin Time < 24 seconds	No treatment indicated, monitor clinical condition
Factor Xa Inhibitors Rivaroxaban (Xarelto), Apixaban (Eliquis), Edoxaban (Savaysa)	Treat if medication taken within previous 48 hours	4-factor PCC (KCentra) 25-50 units/kg via slow IV infusion x1 (Maximum 2500 units)
Antiplatelet Agents Clopidogrel, Ticagrelor, Prasugrel	TEG Platelet Mapping ADP: MA < 35 or inhibition ≥60%	Platelet transfusion
	Aspirin	AA: MA <35 or inhibition ≥60%