Anticoagulant reversal - dabigatran (Pradaxa)

Suspect dabigatran (Pradaxa) therapy AND Active Bleeding

- CBC
- BMP
- Anti-Xa
- TEG

Obtain STAT labs (info)

- PT/INR
- Type and Cross
- POC INR

Evidence of severe or acute life-threatening bleeding?

- Consider activating consultants for surgical intervention
- Mechanical compression
- Transfusion protocol
- Hemodynamic support

Yes

If INR is elevated in absence of significant aPTT elevation, suspect another reason for coagulopathy as aPTT is very sensitive to therapeutic and supra-therapeutic levels of dabigatran.

Delay next dose or discontinue dabigatran therapy

- Symptomatic treatment
  - Consider activating consult for surgical intervention if necessary

No

Last dose within 12 hours or 24 hours in a patient with CrCl <60 mL/min

- aPTT greater than 40 seconds
- Thrombin Time greater than 65 seconds

Yes

Fibrinogen will assist inpatient teams in monitoring management as describe below. TEG and Fibinogen will assist inpatient teams in monitoring anticoagulation.

No

Does the patient have a major/life-threatening bleed or require emergency surgery/urgent procedure due to dabigatran?

Administrer Idarucizumab (Praxbind) 5 grams IV

- Administered as two separate infusions of 2.5 grams over 5 minutes
- Total 5g administration should be completed in 15 minutes
- Consider dialysis (info)

Yes

Delay next dose or discontinue dabigatran therapy

Symptomatic treatment

No

Laboratory result of at least ONE of the following:

- aPTT greater than 40 seconds
- Thrombin Time greater than 65 seconds

Yes

If patient is candidate for emergent hemodialysis, considering risks/benefits, contact necessary consultants and facilitate dialysis vascular access.

No

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See UC Health Guideline for the Use of Reversal Agent and Factor Products in Acute Bleeding or Trauma (http://intranet.uchealth.com/Departments/Pharmacy/PCCCGuidelines.pdf) if you have questions or concerns.