Management of patients on oral anticoagulants with bleeding or needing an urgent invasive procedure

Is the patient on an oral anticoagulant?
- Yes
  - Is the patient severely bleeding or requiring emergent reversal?
    - Yes
      - Urgent reversal
        - Minutes-Hours
          - Warfarin: Can give 500-1000 units KCentra up front after INR drawn
            - INR 1.2 or greater
              - Vitamin K IV 10mg + KCentra™ dosed on ABW and INR†
            - INR less than 1.2
              - Exit algorithm
        - Minutes
          - Dabigatran
            - Thrombin time (TT) normal
              - Exit algorithm
            - Thrombin time (TT) elevated
              - Activated charcoal, Idarucizumab 5gm IV (Very high INR or Dabigatran level – recheck TT/Dabigatran level post first 5)
                - For urgent management of bleeding independent of dabigatran, can consider at physician discretion either FEIBA with doses up to 25 units/kg ABW or TXA. Consider ordering dabigatran level.
            - Apixaban, Rivaroxaban level below 40 ng/ml
              - Exit algorithm
          - Edoxaban, Rivaroxaban or Apixaban
            - Thrombin time (TT) elevated
              - Hold anticoagulant, consider available antidotes and/or reduced dose hemostatic strategies or topical hemostatic agents based on bleeding assessment
            - Apixaban, Rivaroxaban level above 40 ng/ml
              - Drug present: (Apixaban, Rivaroxaban level above 40 ng/ml)
                - Hold Anticoagulant
                  - FEIBA 8-25 units/kg ABW
                    - Option: KCentra™ 25 -50 units/kg ABW. Activated Charcoal for recent ingestion. Consider ordering a specific agent drug level (rivaroxaban and apixaban available).

  - No
    - Minutes-Hours
      - Does the patient need an invasive procedure?
        - Yes
          - Hold Anticoagulant
            - Urgent
              - Re-assess prior to procedure if drug still present
        - No
          - Exit algorithm
      - Less than 24 hours
        - Hold anticoagulant, consider supportive of topical hemostatic agents
          - Non-urgent
            - Exit algorithm
        - Does the patient need an invasive procedure?
          - Yes
            - Hold Anticoagulant
              - Urgent
                - Re-assess prior to procedure if drug still present
          - No
            - Exit algorithm

†See Anticoagulation reversal guideline for dosing recommendation. Balance of KCentra dose based on INR can be given if bleeding is still a concern

Call the Anticoagulation, CPCS Service, or ED Pharmacist for use

Approved by UCDHS Pharmacy & Therapeutics Committee 3/2017.