

Guidelines for the Management of Bleeding with Dabigatran & Rivaroxaban

- Stop Dabigatran/ Rivaroxaban
- Consider stopping antiplatelet drugs
- Request; APTT, PT, TT, Fibrinogen, stating drug dose and time of last dose, FBC, G+S, CrCl
- Discuss with Haematology oncall
- Consider activated charcoal for Dabigatran ingestion <2hrs

Minor Bleeding

- Mechanical Compression
- Delay next dose or discontinue drug

Major Bleeding

**Initiate Trust Massive Haemorrhage Protocol
CALL CONSULTANT HAEMATOLOGIST**

- Maintain BP and urine output
- Consider Surgical/ radiological intervention
- Tranexamic acid 1g bolus iv over 10mins
- RBC transfusion aiming for Hb > 7g/dl
- Platelet Transfusion aiming for platelets > 50×10^9 , or > 100×10^9 if CNS bleeding

Life threatening Bleeding

- Discuss the use of haemostatic agents with Haematologist
- Consider haemodialysis for Dabigatran

N.B. There is currently no reversal agent for Dabigatran/ Rivaroxaban. The choice of haemostatic agent is currently based on limited published evidence, and will depend on availability and specialist advice. Vitamin K will have no benefit. Coagulation tests are difficult to interpret and should be discussed with a Haematologist