

## Management of bleeding in patients on Warfarin/DOACs\*

### Does the patient have life, limb or sight-threatening bleeding?

e.g. intracerebral bleed, intra-ocular bleed, retroperitoneal haemorrhage, muscle bleed with compartment syndrome, massive gastrointestinal haemorrhage, uncompensated bleeding from any orifice with developing shock

No

Follow  
Protocol\*

Yes

On Warfarin

On DOACs

- Follow measures for major bleeding
- Stop warfarin and check Coagulation screen and FBC.
- Give vitamin K 5 - 10mg by slow IV administration
- Give Octaplex 25-50 iU/Kg based on initial INR (maximum 3000 iU /dose)
- Recheck INR and FBC **immediately** after infusion to see if mop up dose is required
- Recheck INR at **6 hours**

•**Don't wait for INR result if patient is bleeding or suspected to have a bleed.**

•**Octaplex** (Prothrombin Complex Concentrate) **3000 iU** is available from Resus. medicine fridge.

•In case of life-threatening bleeding, Octaplex can be authorised by the consultant looking after the patient with retrospective discussion with consultant haematologist on call.

•If Octaplex is to be administered for emergency surgery or urgent invasive procedures, contact Haematologist on-call.

- Follow measures for major bleeding
- Stop DOACs and contact on-call haematologist
- Check FBC, Coagulation screen, Liver function test and Renal function test.
- Document last dose amount and time taken
- Document the presence of pre-existing renal or hepatic impairment.
- Consider activated charcoal
- Consider Octaplex for major bleeding associated with apixaban, rivaroxaban, edoxaban as no current reversing agent.
- Consider idarucizumab (Praxbind) for major bleeding associated with dabigatran, if idarucizumab is not available, consider Octaplex.

\*<https://intranet.lidh/wp-content/uploads/2020/01/CG436-Reversal-of-anticoagulation-Warfarin-Heparin-NOACs-July-2017v1.pdf>