

**CLINICAL GUIDELINES ID TAG**

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| <b>Title:</b>                 | Anticoagulation: Emergency Management-<br>Anti-Xa OAC (Rivaroxaban, Apixaban,<br>Edoxaban) Haemorrhage Protocol |
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| <b>Speciality / Division:</b> | Haematology   |
| <b>Directorate:</b>           | Acute Services  |
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# PATIENT RECEIVING antiXa ORAL ANTICOAGULANT THERAPY: HAEMORRHAGE PROTOCOL

**STOP oral anticoagulant**

Request: 1. Coagulation screen / FBC / Group + Hold  
2. Ascertain time of last dose of anticoagulant

Consider oral charcoal if ingestion <5 hours

MILD BLEED

MAJOR BLEED

LIFE THREATENING BLEED

- Mechanical compression
- Tranexamic Acid
  - oral 25 mg/kg
  - i.v. 10 mg/kg
- Delay next dose or discontinue treatment

Maintain BP and Urine Output

- Optimise tissue oxygenation
- Control haemorrhage
  - Compression
  - Surgical intervention
- Tranexamic Acid (10 mg/kg i.v.)
- Red Cell transfusion
  - Aim Hb > 85 g/l
- Platelet transfusion
  - Aim Plt > 75 x 10<sup>9</sup>/l or
  - If CNS bleed aim Plt > 100 x 10<sup>9</sup>/l

1<sup>st</sup> line: PCC 50 units/kg  
**For Octaplex, the single dose should not exceed 3000 units (120 mL Octaplex).**  
2<sup>nd</sup> line: rFVIIa 90 micrograms/kg

Continues to bleed

**Major Bleed:** Symptomatic bleeding in a critical area or organ, such as intracranial, intraspinal, intraocular, retroperitoneal, intra-articular, pericardial or intramuscular with compartment syndrome (Schulman et al J Thromb Haemost 2010; 3:692-694)

**Advice from Haematology Medical Staff can be sought if required; contact via switchboard**