

CLINICAL GUIDELINES ID TAG

Title:	Anticoagulation Dabigatran-emergency management of surgery, haemorrhage and overdose
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Date Uploaded:	December 2019
Review Date	November 2021
Clinical Guideline ID	CG0296[1]

PATIENT RECEIVING DABIGATRAN THERAPY: EMERGENCY SURGERY PROTOCOL

STOP: Dabigatran

Contact Surgeon / Anaesthetist / Haematologist

- Coagulation screen to include APTT (consider thrombin time)
- Important to document time of last dose of dabigatran
- Full blood count and renal function / cal CrCl

APTT (and TT) normal

APTT (and TT) prolonged

NO dabigatran anticoagulant effect present

Dabigatran anticoagulant effect maybe present (consider oral charcoal if dabigatran ingestion < 2 hours)

Maintain BP and Urine Output
(dabigatran 80% renal excretion)

- 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 10⁹/l or
 - If CNS bleed aim Plt > 100 x 10⁹/l

Discuss with surgeon feasibility of delaying surgery

SURGICAL DELAY ≥ 8 HOURS

Refer to elective surgery table 1

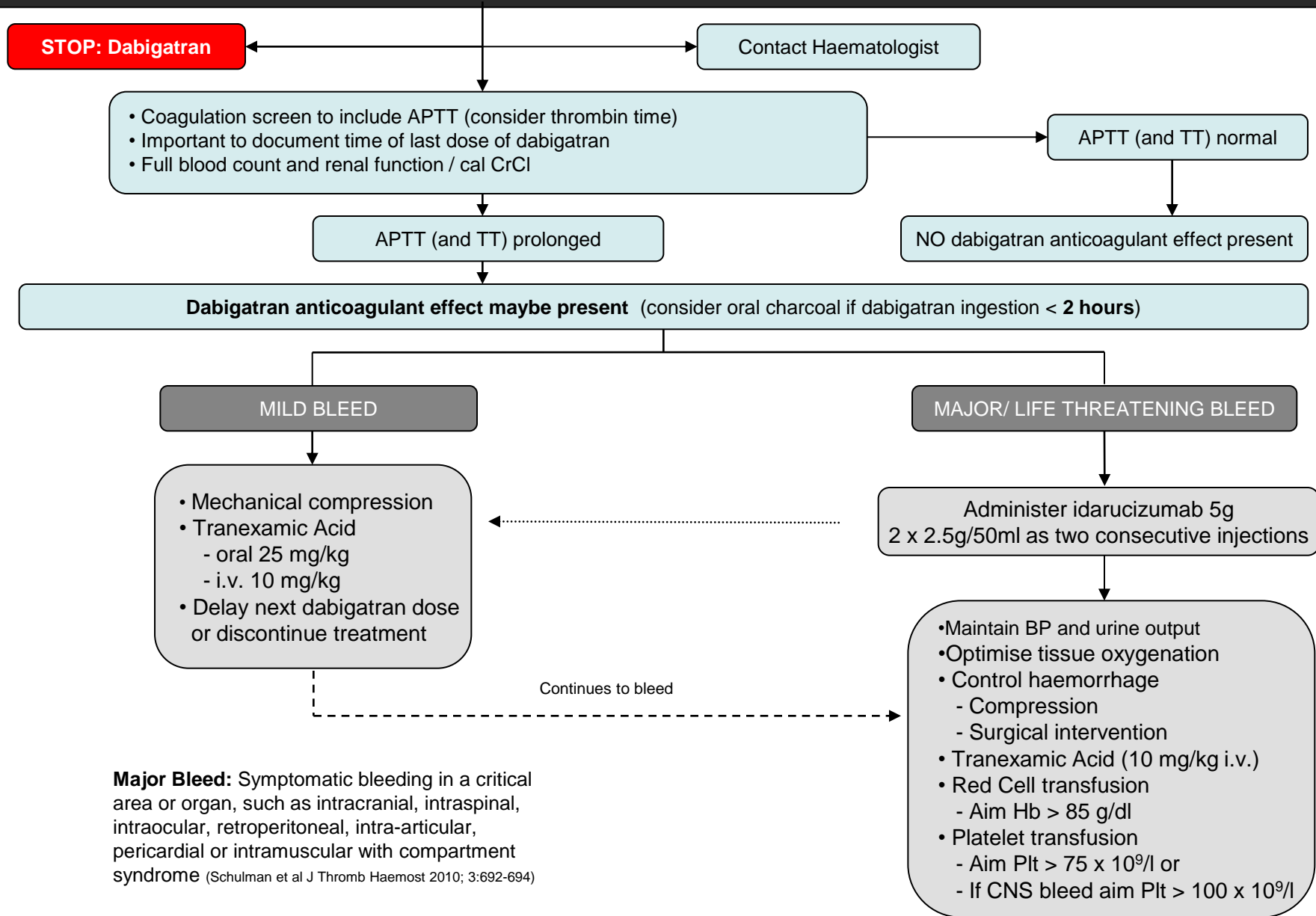
- Risk of bleeding dependent on
- Time since last dabigatran dose
 - Type of surgery
 - Renal function / cal CrCl

SURGERY WITHIN 8 HOURS/ IMMEDIATE

Administer idarucizumab 5g
2 x 2.5g/50ml as two consecutive bolus injections

Regional anaesthesia (spinal/ epidural) is considered to be contra-indicated

PATIENT RECEIVING DABIGATRAN THERAPY: HAEMORRHAGE PROTOCOL



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)

PATIENT RECEIVING DABIGATRAN THERAPY: OVERDOSE PROTOCOL

