**Rapid Reversal of Antiplatelet and /or Target-Specific Oral Anticoagulants**

**in ED Patients**

**With Life-Threatening Hemorrhage 1 and/ or Intracranial Hemorrhage 2**

**POC** PT/PTT/INR

Fibrinogen

Trauma POC: Hgb, platelet, type and cross

Consider Rapid Trauma TEG

**Factor Xa inhibitors**

**Direct Thrombin Inhibitors**

**Antiplatelet Agents**

Aspirin

Clopidogrel (Plavix)

Prasugrel (Effient)

Ticagrelor (Brilinta)

Ticlopidine (Ticlid)

Cilostazol (Pletal)

Dabigatran (Pradaxa)

●Pt may not be sensitive

●PTT prolonged by supratherapeutic concentrations

●INR can be falsely elevated

Rivaroxaban (Xarelto)

Apixaban (Eliquis)

●Pt prolonged in a concentration-dependent manner; may not be sensitive

● 1 apheresis platelet pack over 15 min (based on the PATCH trial, platelet transfusion is not supported for spontaneous ICH associated with antiplatelet therapy –  *Lancet* 2016;387:2605-13.)

● Consider additional platelets if

bleeding persists

● Consider desmopressin (DDAVP)

0.3mcg/kg IV over 15min in NS 50ml

● Consider prothrombin complex

Concentrate (4-factor KCentra) 50

Units/kg (maximum 5000 units) IV

x1 dose. **DO NOT REPEAT**

● Activate ED Praxbind Order Set

Based on TEG results, consider 2 units FFP ASAP

(infuse over 30 minutes)

● Consider desmopressin (DDAVP) 0.3mcg/kg IV over

15min in NS 50ml

● Based on TEG results, consider Tranexamic Acid

◦ Loading dose: 1gram/NS 50mL IV over 10 min

◦ Infusion: 1 gram/NS 50mL IV over 8 hours

(125mg/hr x 8 hours