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

Antiplatelet Agents

Aspirin
Clopidogrel (Plavix)
Prasugrel (Effient)
Ticagrelor (Brilinta)
Ticlopidine (Ticlid)
Cilostazol (Pletal)

- 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)

Direct Thrombin Inhibitors

Dabigatran (Pradaxa)
- Pt may not be sensitive
- PTT prolonged by supratherapeutic concentrations
- INR can be falsely elevated

- 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

Factor Xa inhibitors

Rivaroxaban (Xarelto)
Apixaban (Eliquis)
- Pt prolonged in a concentration-dependent manner; may not be sensitive

- Consider prothrombin complex Concentrate (4-factor KCentra) 50 Units/kg (maximum 5000 units) IV x1 dose. **DO NOT REPEAT**