

Direct Oral Anticoagulant (DOAC) Haemorrhage Protocol

Contact Haematologist, note last time ingested, calculate CrCl (Cockcroft Gault) and FBC

If ingested DOAC within the last 1 hour consider activated charcoal

DABIGATRAN

RIVAROXABAN

APIXABAN

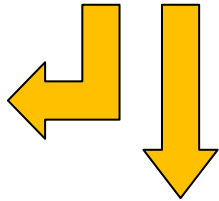
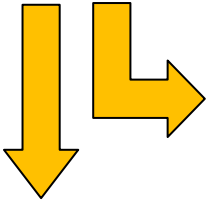
If APTT/TT normal,
no effect present

**APTT / TT
deranged**

**If Cr Cl >50 and < 24h since last dose presume anticoagulant effect;
If CrCl <50 and < 48h since last dose presume anticoagulant effect**

Anticoagulation Effect present

MILD Bleed	MODERATE Bleed	MAJOR Bleed
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Maintain BP and Urine output

Mechanical compression
Delay next DOAC dose or
discontinue treatment

**Bleeding
continues**

Optimise tissue oxygenation

- (a) Control haemorrhage**
 - Mechanical compression
 - Surgical / radiological intervention
- (b) Tranexamic Acid (1g i.v.)**
- (c) Red cell transfusion**
 - Aim Hb > 70 g/L
- (d) Platelet transfusion**
 - Aim Plt > 50 x 10⁹/l or
 - If CNS bleed aim Plt > 100 x 10⁹/l
- (e) Identify bleeding source e.g. surgery, endoscopy, interventional radiology**

Prothrombin complex (PCC)
25U/kg (obtain from blood bank)
Consider repeat dose of 1000U
if no improvement

Caution if history of thrombosis,
DIC or liver disease

Major Bleed: Symptomatic bleeding in a critical area or organ, such as intracranial, intraspinal, intraocular, retroperitoneal, intra-articular, pericardial or intramuscular with compartment syndrome

Consider Haemodialysis if on Dabigatran