PATIENT RECEIVING DABIGATRAN THERAPY: HAEMORRHAGE PROTOCOL

STOP: Dabigatran

Contact Haematology on Bleep 629 or out of hours via switchboard

Request: Full blood count and renal function / eGFR
Discuss with Haem re: sending urgent Coagulation screen to include APTT, Thrombin Time and Ecarin Clotting Time to Denmark Hill laboratory [Important to document time of last dose of dabigatran – order 'Dabigatran level' on EPR]

Consider oral charcoal if dabigatran ingestion <2 hours

MILD BLEED

- Mechanical compression
- Delay next dabigatran dose or discontinue treatment

Continues to bleed

MAJOR BLEED

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

- Optimise tissue oxygenation
- Control haemorrhage
  - Mechanical compression
  - Surgical / radiological intervention
- Tranexamic Acid (1g i.v.)
- Red cell transfusion
  - Aim Hb > 7 g/dl
- Platelet transfusion
  - Aim Plt > 50 x 10^9/l or
  - If CNS bleed aim Plt > 100 x 10^9/l
- Identify bleeding source e.g. surgery, endoscopy, interventional radiology

LIFE THREATENING BLEED

Contact haematology
5g IV Idarucizumab
Obtain from the pharmacy emergency drug cupboard
Discuss with Haematology if no improvement

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)

King's College Hospital Thrombosis Team October 2019