

**Guidelines for the Reversal of the New Anticoagulants in the Setting of Life-threatening or Major Bleeding
Kingston General Hospital**

Management of Bleeding Patient Receiving Dabigatran (Pradax ®)

Indications for dabigatran:

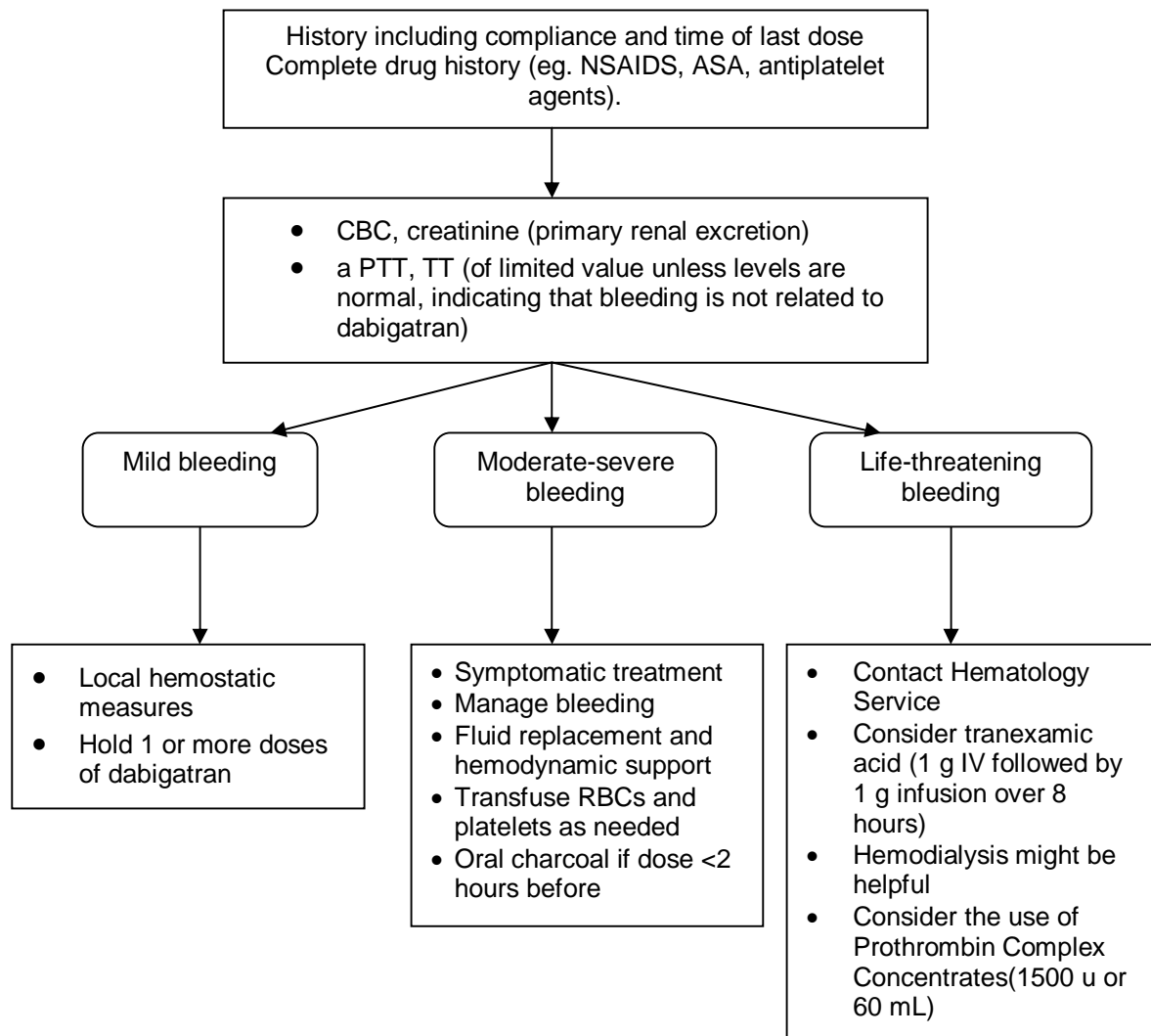
1. VTE prophylaxis after hip and knee arthroplasty [220 mg PO once daily]
2. Stroke prevention in patients with AF [110 mg or 150 mg PO BID]

Pharmacologic Properties:

- Peak level = 2 hours
- 80% renal clearance
- Half-life – 11-17 hours (longer in elderly and those with renal dysfunction)

Assessment of Bleeding Patient Receiving Dabigatran

- There is limited clinical data related to reversal of dabigatran and no agents that are known to be effective in reversing the anticoagulant effect.
- The recommendations below may change as new evidence becomes available.



1. **DO NOT TRANSFUSE FP to reverse ↑ aPTT.**
2. **Do not request FVIIa** – currently no role for this product.

References:

1. van Ryn J, et al – Thromb Haemost 2012; 103: 1116-1127
2. Y. Lin et al – Transfusion Medicine 2012
3. MD Lambourne – J Thrombosis and hemostasis; 10, 1830, 2012