Guideline for the Reversal of Oral Anticoagulants

Patients who arrive with trauma and/or life-threatening hemorrhage (ICH, intra-abdominal, intra-thoracic) or needs emergent operative intervention

**Warfarin (Coumadin®)**

- Check INR
- **INR 1.4 - 3.9**
  - Kcentra® 25 units/kg IV x 1
  - Max dose: 2500 units
- **INR 4 - 6**
  - Kcentra® 35 units/kg IV x 1
  - Max dose: 3500 units
- **INR > 6**
  - Kcentra® 50 units/kg IV x 1
  - Max dose: 5000 units
- 5-10 mg Vitamin K IV over 30 minutes x 1

Recheck INR 30 minutes after Kcentra® dose

Kcentra®=4-Factor PCC

Dose based on actual body weight up to 100 kg. Cannot redose Kcentra®

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**Novel Oral Anticoagulants (NOAC)**

**Rivaroxaban (Xarelto®) or Apixaban (Eliquis®)**

- Check INR and PTT
  - (Be aware these may not reflect level of coagulopathy)
- **INR < 1.4 AND NOAC within 24 hrs**, Kcentra®
  - 25 units/kg IV x 1
  - Max dose: 2500 units
- **INR 1.4-3.9**
  - Kcentra® 25 units/kg IV x 1
  - Max dose: 2500 units
- **INR > 4**
  - Kcentra® 50 units/kg IV x 1
  - Max dose: 5000 units

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**Dabigatran (Pradaxa®)**

- Check INR and PTT
  - (Be aware these may not reflect level of coagulopathy)
- **INR 1.4 - 3.9**
  - Kcentra® 25 units/kg IV x 1
  - Max dose: 2500 units
- **INR > 4**
  - Kcentra® 35 units/kg IV x 1
  - Max dose: 3500 units
- **INR > 6**
  - Kcentra® 50 units/kg IV x 1
  - Max dose: 5000 units
- 5-10 mg Vitamin K IV over 30 minutes x 1
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Kcentra®=4-Factor PCC

If signs/symptoms of allergic reaction to infusion – stop infusion.

Avoid Kcentra® in patients with history of HIT or allergy to albumin.

**Praxbind®= Idarucizumab**

Given as 2 consecutive 2.5 gram infusions

Praxbind contains 4 grams sorbitol. Consider this if calculating total daily amount of sorbitol/fructose in patients with hereditary fructose intolerance.

May consider an additional 5 gram dose if:
- Re-bleeding and INR/PTT are elevated
- 2nd emergent surgery is needed and INR/PTT are elevated

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