**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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**Direct Oral Anticoagulants (DOAC)**

- Rivaroxaban (Xarelto®), Apixaban (Eliquis®) or Edoxaban (Savaysa®)
  - Last dose taken within 3-5 half-lives of DOAC
    - Yes or Unknown Kcentra®
      - 50 units/kg IV x 1
        - Max dose: 5000 units
    - No
      - Provide supportive care

- Dabigatran (Pradaxa®)
  - Check Thrombin Time (TT)
    - (A normal thrombin time excludes clinically significant levels of dabigatran)
  - Dabigatran taken within 24 hrs: Praxbind® 5 grams IV x 1
  - Dabigatran taken 24 - 48 hrs ago AND TT is elevated:
    - Praxbind® 5 grams IV x 1

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

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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.

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