

## Management of Bleeding with New Oral Anticoagulants

Bleeding patient on a NOAC  
Identify any other concurrent anticoagulants/antiplatelet agents

**Seek early advice from a haematologist**  
**Optimal care will be guided by this advice in each instance**

In addition to routine care as clinically indicated:

Measure: FBE, UEC, LFT, standard Coagulation Profile, Group & Hold, and:

- dabigatran: TT, dabigatran level
- rivaroxaban: PT, rivaroxaban level
- apixaban: apixaban level

### **Mild bleeding**

- local haemostatic measures
- delay or discontinue NOAC as required

### **Clinically significant bleeding**

(reduction in Hb >20 g/L or requiring RBC transfusion > 2 units)

- **Stop NOAC therapy**
- **Give oral charcoal if NOAC ingested < 2 hours ago**
- Local haemostatic measures: mechanical compression and consider surgical/radiological intervention to identify and treat bleeding source
- Maintain adequate hydration to aid drug clearance
- RBC transfusion as per Hb level
- Consider platelet transfusion if on antiplatelet therapy or if platelets < 50 x 10<sup>9</sup>/L

### **Life-threatening / persistent bleeding or clinical instability**

Consider use of one of the following agents:

- Prothrombinex-VF 25-50 IU/kg
- Factor Eight Inhibitor Bypassing Activity (FEIBA) 50 IU/kg
- Tranexamic acid 15-30mg/kg IV +/- infusion for mucosal bleeds

#### **Consider dialysis for dabigatran**

(Note evidence around efficacy/risk of these options is unclear; specialist advice is recommended)

#### **Note on laboratory tests for different NOACs:**

In general, routine coagulation assays do not reliably reflect the presence/efficacy of NOAC therapy, so interpretation and management requires specialist input. In addition, some of the recommended assays are dependent upon laboratory capabilities. N.B. At the time of writing this guideline no WACHS laboratories had the capacity to measure levels.

Dabigatran: TT is the most sensitive assay. A normal TT excludes the presence of dabigatran. A normal APTT suggests it is unlikely a high level of dabigatran is contributing to bleeding.

Rivaroxaban: PT is the most sensitive assay. A normal PT suggests significant rivaroxaban effect is unlikely.

Apixaban: An apixaban level is necessary to estimate accurately the anticoagulant effect.