Figure 7: Management of bleeding for non-vitamin K antagonist oral anticoagulant treated patients

**Bleeding patient on NOAC**
- Initiate standard resuscitation procedures as required
- Take blood for FBC, creatinine; for dabigatran aPTT, TT, dabigatran level; for rivaroxaban, PT and rivaroxaban level; for apixaban, PT and apixaban level.

**STOP NOAC**

**Mild bleeding**
- Local haemostatic measures
- Delay next dose of NOAC or discontinue if felt appropriate

**Clinically significant bleeding**
- Administer oral charcoal if:
  - NOAC ingestion <4 hours prior
- Local haemostatic measures:
  - mechanical compression
  - consider surgical or radiological intervention to identify and treat bleeding source
  - maintain adequate hydration to aid drug clearance
- Transfusion support:
  - red cell transfusion as indicated by haemoglobin
  - Consider platelet transfusion if platelets <50 x 10^9/L or antiplatelet Rx
- Pro-haemostatic agent:
  - if bleeding persists and clinical instability develops, consider pro-haemostatic measures as described for life-threatening bleeding.

**Life-threatening bleeding**
Institute measures as for ‘clinically significant bleeding’
Discuss with the haematologist the potential use of one of the following agents:
- For dabigatran, administer idarucizumab as a reversal agent. If this is not available consider dialysis.

**DO NOT** give a haemostatic agent (PCC/FEIBA/VIIa) if idarucizumab has been administered.
- For rivaroxaban and apixaban consider:
  - FEIBA 25–50 IU/kg OR
  - prothrombinex-VF 25–50 IU/kg

*Idarucizumab, pro-haemostatic agents nor dialysis are likely to improve outcome in patients taking dabigatran with a normal aPTT or a drug level of <50ng/mL.*

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