

Regions Hospital
Proposed Dabigatran Guidelines for the
Management of Life-Threatening or Major Bleeding

Dabigatran is a direct thrombin inhibitor. There is no specific agent to reverse the drug. Plasma will not work as the drug will inhibit thrombin in transfused plasma. The only way to remove the drug is dialysis. There is very little data to help guide us in managing bleeding complications on the drug.

I have included recombinant activated Factor VII (rFVIIa) as an option to help with clot formation at the site of bleeding . It does not reverse the drug and the correct dose is unknown. Thrombosis is a potential side effect of rFVIIa.

Management of Bleeding:

- Control of bleeding site and supportive care of patient
- Lab testing: CBC, Platelet count, LFT, aPTT, INR, TT and fibrinogen activity. If TT is normal no drug is present. Repeat testing every 4 hours until bleeding has stopped.

**** NOTE ****

- **All clotting times will be abnormal on dabigatran.**
 - **We are not yet sure if our fibrinogen testing is reliable on the drug, it may be low, this is under investigation.**
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- Activated charcoal administered if the drug has been given within 2 hours.
 - Consider dialysis. Approximagedly 60% of the drug can be removed in 2-3 hours.
 1. Need to contact Interventional Radiology for placement of an IJ Quinton
 2. Contact renal team, to set up a machine and staff for the dialysis
 - Blood transfusion
 1. Transfuse RBCs to keep Hgb above 9 or 10
 2. After the 4th unit of RBCs start giving RBCs and Plasma on a 1:1 ratio (to avoid a dilutional coagulopathy)
 3. Cryoprecipitate, give 10 units after the 8th unit of RBCs, 4th unit of Plasma
 - May not need cryo if fibrinogen activity is > 100 mg/dl
 - Recombinant activated Factor VII - dose of 20-40mcg/kg, or 2mg if <100 kg and 4 mg if > 100 kg. This should be considered if bleeding is life-threatening.