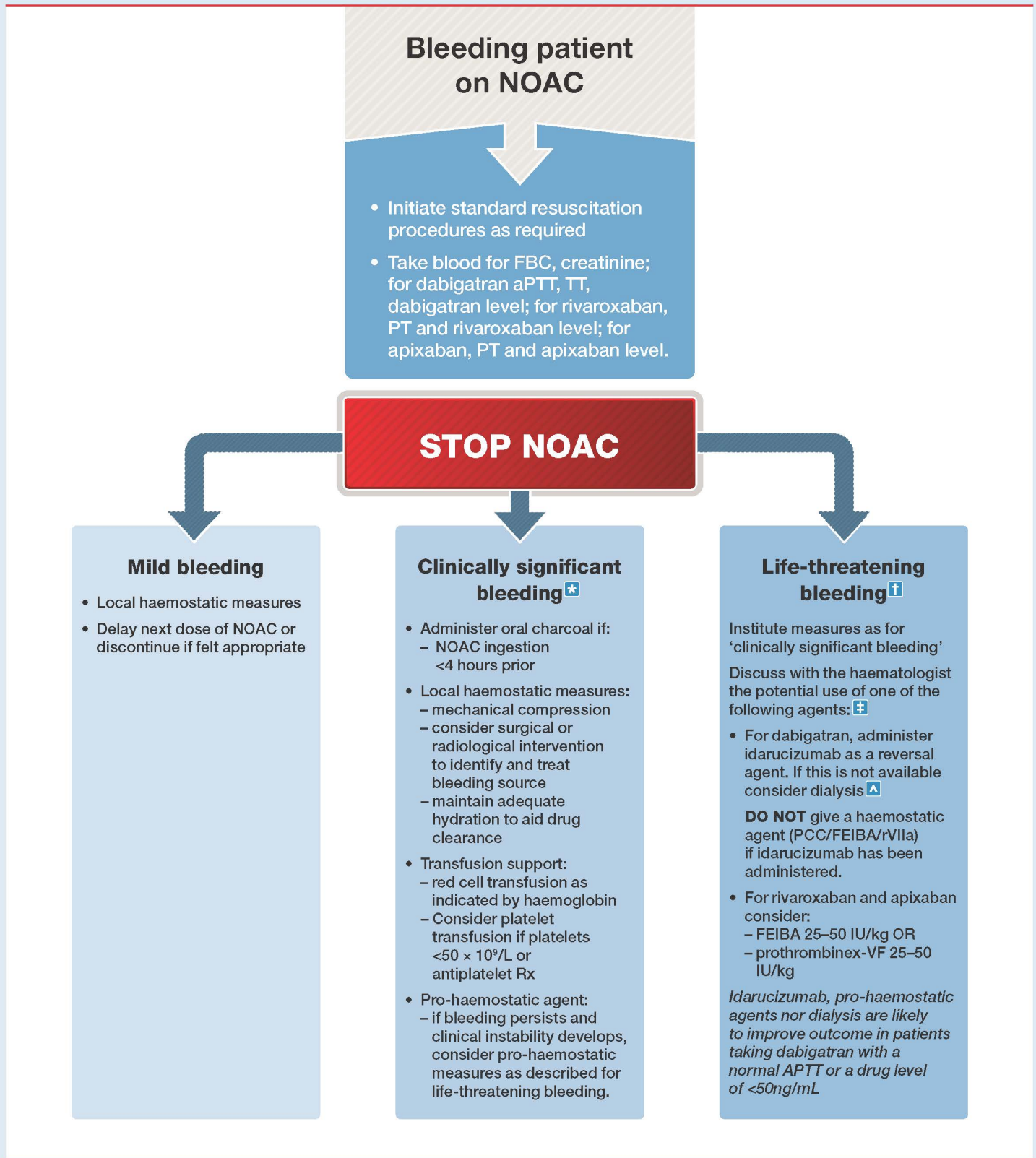


Figure 7: Management of bleeding for non-vitamin K antagonist oral anticoagulant treated patients



aPTT	FEIBA	Hb	IU	NOAC	PCC	rVIIa
partial thromboplastin time	factor eight inhibitor bypassing activity	haemoglobin	international unit	non-vitamin K antagonist oral anticoagulant	prothrombin complex concentrate	recombinant factor VIIa

* Clinically significant bleeding – reduction in Hb ≥ 20 g/L, transfusion of ≥2 units of red cells

† Life-threatening bleeding – bleeding in critical area or organ (intraocular, intracranial, intraspinal, compartment syndrome, retroperitoneal or pericardial) and hypotension not responding to resuscitation.

‡ This is an off-licence use of FEIBA and Prothrombinex-VF.

▲ Idarucizumab is a specific reversal agent for dabigatran; it requires approval by a haematologist. It should only be used for major critical organ, life-threatening bleeds and for urgent surgery. If dialysis is being considered, it is indicated if the dabigatran level is high, as indicated by excessively prolonged aPTT >80 seconds or dabigatran level >500 ng/mL, or impaired renal function. Four hours of haemodialysis will reduce drug level by ~60%.