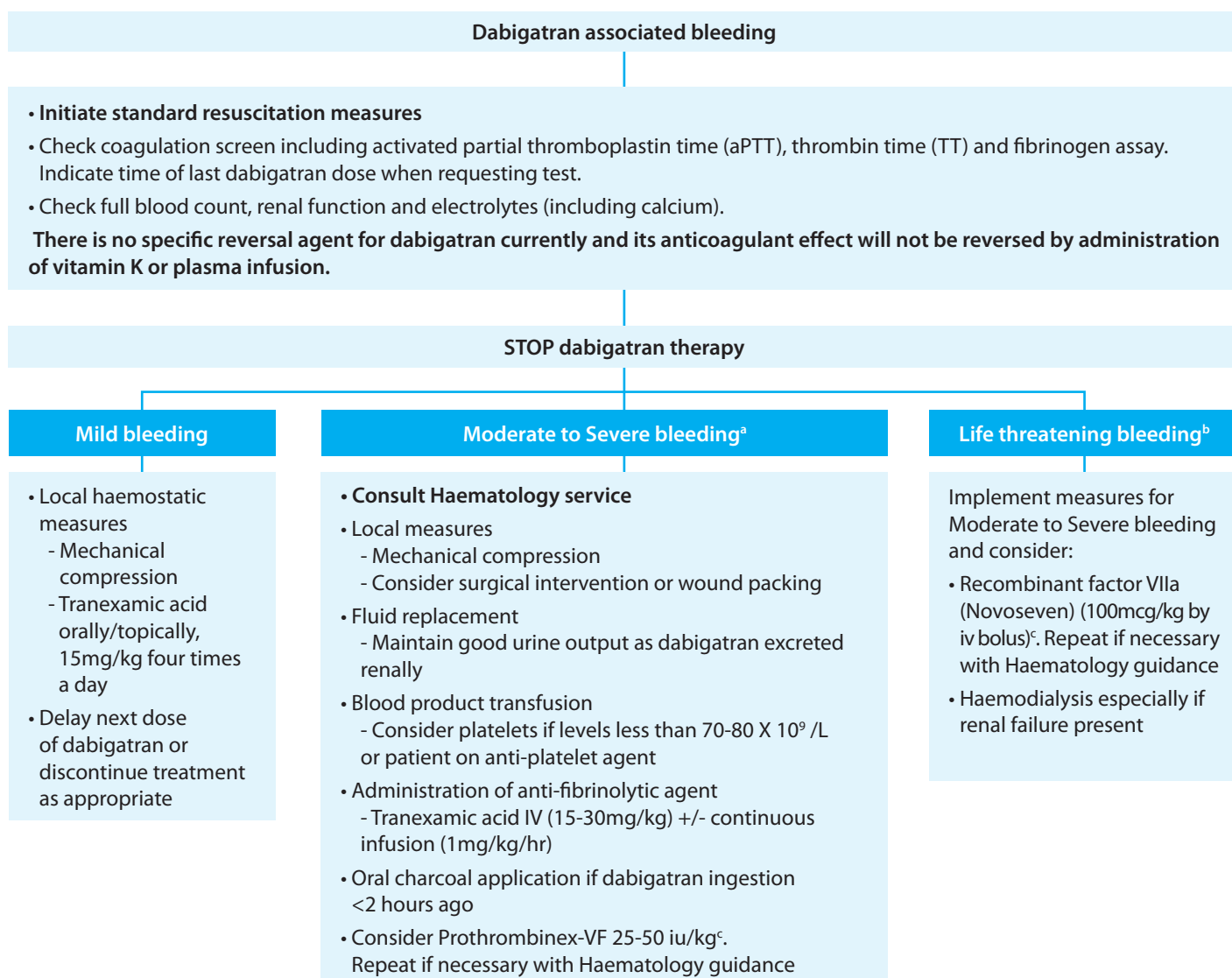


# Guidelines for management of bleeding with dabigatran - for possible inclusion into local management protocols

The following guidelines have been prepared by PHARMAC with the assistance of practicing specialists in response to requests for information. They are provided to assist clinical services to develop their own guidelines in accordance with local procedures, and should not be adopted without appropriate review.

- Dabigatran (Pradaxa) is a direct thrombin inhibitor with a half-life of 12-14 hours.
- Dabigatran is primarily renally excreted and the half-life is prolonged in renal impairment.
- The major adverse effect of all anticoagulant medications is bleeding.
- Two issues should be considered in managing bleeding events with dabigatran:
  - Control bleeding and provide general support for haemodynamic state; and
  - Attempt to reverse the anticoagulant effect where life-threatening bleeding is present.



<sup>a</sup>**Moderate to Severe bleeding** – reduction in Hb  $\geq 20g/L$ , transfusion of  $\geq 2$  units of red cells or symptomatic bleeding in critical area or organ (for example, intraocular, intracranial, intraspinal, intramuscular with compartment syndrome, retroperitoneal, intraarticular or pericardial bleeding).

<sup>b</sup>**Life-threatening bleeding** – symptomatic intracranial bleed, reduction in Hb  $\geq 50g/L$ , transfusion of  $\geq 4$  units of red cells, hypotension requiring inotropic agents or bleeding requiring surgical intervention.

<sup>c</sup>The potential use of Prothrombinex-VF and recombinant factor VIIa (Novoseven) is based on preclinical data.