

See UC Health Guideline for the Use of Reversal Agent and Factor Products in Acute Bleeding or Trauma (<http://intranet.uchealth.com/Departments/Pharmacy/pdf/PCCGuidelines.pdf>) if you have questions or concerns

Suspect rivaroxaban (Xarelto) or apixaban (Eliquis) therapy AND Active Bleeding

Obtain STAT labs ([info](#))

- CBC
- BMP
- Anti-Xa
- TEG
- PT/INR
- Type and Cross
- POC INR

PT/INR and aPTT will result in the ED to help guide management as describe below. TEG will assist inpatient teams in monitoring anticoagulation

Delay next dose or discontinue rivaroxaban or apixaban therapy

- Symptomatic treatment
- Consider activating consult for surgical intervention if necessary

Evidence of severe or acute life-threatening bleeding?

Yes

- Consider activating consultants for surgical intervention
- Mechanical compression
- Transfusion protocol
- Hemodynamic support

Rivaroxaban
Last dose within 12 hours or 24 hours in a patient with CrCl <50 mL/min

Apixaban
Last dose within 12 hours or 24 hours in a patient with Scr >1.5 mg/dL

No

Delay next dose or discontinue apixaban or rivaroxaban therapy

Yes

Laboratory result of at least ONE of the following:

- PT > 16 seconds
- Anti-Xa > 0.5 units/mL

Symptomatic treatment

No

Is patient's volume status appropriate for 15-20 mL/kg FFP?

Give FFP

Yes

Intracerebral hemorrhage, life-threatening bleed at a critical site or major bleed with hemodynamic instability?

Administer Inactivated-zhzo (Andexxa)

- Last dose taken ≥ 8 hours OR
- Last dose < 8 hours/unknown and dose ≤10 mg rivaroxaban or ≤5 mg apixaban

400 mg IV bolus administered at a rate of ~30 mg/minute, followed within 2 minutes by an IV infusion of 4 mg/minute for up to 120 minutes

Last dose <8 hours/unknown AND >10 mg rivaroxaban and >5 mg apixaban

800 mg IV bolus administered at a rate of ~30 mg/minute, followed within 2 minutes by an IV infusion of 8 mg/minute for up to 120 minutes.