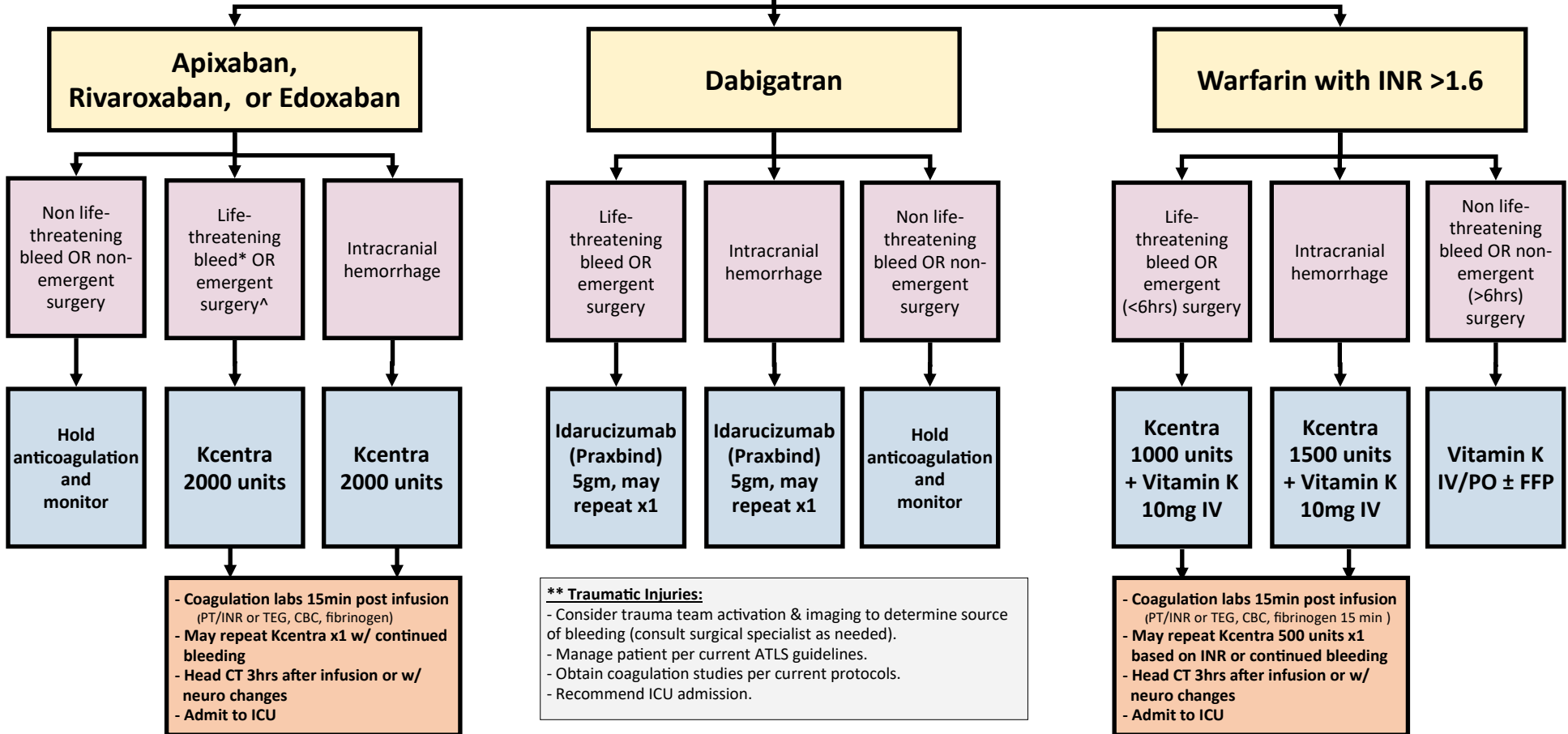


Anticoagulation & Rapid Reversal Pathway in Trauma

Bleeding or Emergent Surgery on Anticoagulation



**** Traumatic Injuries:**

- Consider trauma team activation & imaging to determine source of bleeding (consult surgical specialist as needed).
- Manage patient per current ATLS guidelines.
- Obtain coagulation studies per current protocols.
- Recommend ICU admission.

*Numerous definitions exist for major or life-threatening bleeding. This is left at the discretion of the ordering physician.

^Emergent surgery

- Warfarin: If surgery can be delayed for 6 hours, consider reversal with vitamin K
- NOACs: Considerations for reversal include time from last dose, bleeding risk of surgery, and whether surgery can be delayed. Half-lives (apixaban 8-12hr, rivaroxaban 8-12hr, dabigatran 12-17hr) may be extended in renal impairment and may effect need for reversal.

EXCLUSION from eligibility for Kcentra includes:

- Disseminated intravascular coagulation (DIC)
- History of heparin-induced thrombocytopenia (HIT) as Kcentra contains heparin (consider FEIBA, see appropriate power plans)
- Allergy/anaphylaxis to Kcentra or components
- Complete anticoagulation reversal not clinically appropriate or necessary

WARNINGS/Precautions for Kcentra:

- Thromboembolism: Increased risk in patients with any of these in the last 3 months
 - Thrombotic event
 - Myocardial Infarction, CVA, TIA
 - Unstable angina
 - Severe Peripheral vascular disease
 - DIC
- Patients with known:
 - History of antiphospholipid syndrome
 - Inhibitors of factor II,VII,IX, or X
 - Congenital/hereditary protein C or S deficiency