WHICH OAC IS THE PATIENT CURRENTLY TAKING?

VKA (warfarin)
- Administer 4F-PCC:\textsuperscript{1}
  - INR 2-4, 25 units/kg
  - INR 4-6, 35 units/kg
  - INR >6, 50 units/kg
- Or low fixed-dose option
  - 1000 units for any major bleed
  - 1500 units for intracranial hemorrhage
- If 4F-PCC not available, use plasma 10–15 mL/kg\textsuperscript{1}

DTI (dabigatran)
- Administer 5g idarucizumab IV\textsuperscript{2}
- If idarucizumab is not available, administer 4F-PCC or aPCC 50 units/kg IV\textsuperscript{3}
- Consider activated charcoal for known recent ingestion (within 2-4 hours)

FXa Inhibitor (apixaban, edoxaban, rivaroxaban)
- Administer 4F-PCC 50 units/kg IV
- If 4F-PCC unavailable, consider aPCC 50 units/kg IV\textsuperscript{5}
- Consider activated charcoal for known recent ingestion (within 2–4 hours)

Once patient is stable, consider restarting anticoagulation

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4F-PCC = four-factor prothrombin complex concentrate; aPCC = activated prothrombin complex concentrate; DOAC = direct oral anticoagulant; DTI = direct thrombin inhibitor; FXa = Factor Xa; INR = international normalized ratio; IV = intravenous; OAC = oral anticoagulant, including DOACs and VKAs; PCCs = prothrombin complex concentrates; VitK = vitamin K; VKA = Vitamin K antagonist.

*Reversal agents include repletion strategies such as PCCs, plasma, VitK, and specific reversal agents for DOACs (e.g., idarucizumab for dabigatran).

\textsuperscript{1} When PCCs are used to reverse VKAs, VitK should also always be given (see Figure 2 for dosing guidance).

\textsuperscript{2} If bleeding persists after reversal and there is laboratory evidence of a persistent dabigatran effect, or if there is concern for a persistent anticoagulant effect before a second invasive procedure, a second dose of idarucizumab may be reasonable.

\textsuperscript{5} Refer to prescribing information for max units.

Source: 2017 ACC Expert Consensus Decision Pathway on Management of Bleeding in Patients on Oral Anticoagulants. JACC 2017; 12/1/17