

Protocol for anticoagulant reversal in ICH (centres with Octaplex)

Treat as quickly as possible—target door-to-needle time < 90 min

ICH on DOACs

- **Send urgent coagulation tests:**
Apixaban, rivaroxaban, edoxaban—PT, aPTT and anti Xa assay (if available)
Dabigatran—PT, aPTT, thrombin time
- **Time since last dose of DOAC:**
≤24 h—treat without discussion with haematology
>24 h—contact haematology on-call for advice
- **Anti-Xa agents (apixaban, rivaroxaban, edoxaban):**
Dose Octaplex at 50 IU/kg
Prescribe Octaplex on transfusion prescription sheet—separate line for each bottle
Maximum dose 3000 IU
Administer Octaplex at 1ml/min
- **Dabigatran:** administer idarucizimab (Praxbind) (2x2.5g/50ml) IV as two consecutive infusions over 5 to 10 min each or as a bolus injection

ICH on VKA (warfarin, Sintrome)

1. **Send urgent INR**
2. **If suspicion of VKA intake in last 5 days**—Proceed without waiting for INR result
3. **Dose Octaplex**— assuming INR is 1.3-3.9 (as per table below)
4. **Administer Octaplex** at 1ml/min
5. **Give Vitamin K** 10mg IV as soon as possible once Octaplex commenced
6. **Check baseline INR result**—if >3.9 top up dose to required amount (see table below)
7. **Repeat INR 30 min and 6 h** after end of infusion of Octaplex
8. If repeat INR >1.2 seek haematology advice on further management
9. **If last dose of VKA definitely taken > 5days**—wait for INR result and dose according to table below

Octaplex quick dosing guide

	Dosing	30 kg	40 kg	50 kg	60 kg	70 kg	80 kg	90 kg	100+
INR 1.3-3.9	25 IU/kg	750	1000	1250	1500	1750	2000	2250	2500
INR 4.0-6.0	35 IU/kg	1050	1400	1750	2100	2450	2800	3000	3000
INR > 6	50 IU/kg	1500	2000	2500	3000	3000	3000	3000	3000

Octaplex is a blood product, every bottle must be traceable and needs to be prescribed separately
If using emergency Octaplex stock, send usual request to haematology so this can be replaced