For all patients:  
1) **Order STAT EMERGENCY STROKE PANEL** (includes PT/INR, mPT, TT, fibrinogen, plts, HCT) and PTT  
2) Obtain history about use of antithrombotic agents, including date/time of last dose  
3) **TYPE AND SCREEN – EMERGENCY**  
4) if crash craniotomy is considered, request 2 units emergent un-crossmatched Group O (universal donor) PRBCs

**IF ON DABIGATRAN** (direct thrombin inhibitor)  
*AND TT is prolonged or not readily available*

Give idarucizumab (Praxbind) 5gm IV, administered as two 2.5gm doses no more than 15 minutes apart, each infused over 5-10 minutes  
If idarucizumab is not available, proceed to consider PCC (Kcentra)

**IF ON RIVAROXABAN OR APIXABAN** (factor Xa inhibitors) *AND mPT is prolonged or anti-Xa for the specific anticoagulant (RIVAR1 or APIXN1) is elevated*  
**IF ON EDOXABAN** (factor Xa inhibitor) No assay available at this time. Decision for reversal is based on clinical history alone

If ingestion within 2 hours, give one dose activated charcoal orally

**CONSIDER PCC (Kcentra) 2000 units ONLY if the patient does not have:**

- History of thrombotic or thromboembolic event in past 6 weeks (DVT/PE, ischemic stroke, ACS, acute venous/arterial ischemia, etc)
- **Known prothrombotic condition** (malignancy, DIC, hypercoagulable condition, hepatic disease, polytrauma, HIT, etc)
- **Major surgery within 6 weeks**
- **IPH considered not survivable**

Emergent dialysis may be considered in certain circumstances (renal failure; known dabigatran overdose); ~ 65% removed by hemodialysis

Dabigatran $t_{1/2} = 14$ hrs (up to 34 hrs in severe renal impairment)

Rivaroxaban, Apixaban & Edoxaban are NOT dialyzable  
Rivaroxaban $t_{1/2} = 9$ hrs (longer in renal impairment)  
Apixaban $t_{1/2} = 12$ hrs (longer in renal impairment)  
Edoxaban $t_{1/2} = 10-14$ hrs (longer in renal impairment)

PCC = Prothrombin Complex Concentrate; preferred agent is Kcentra