

# ACTIVE BLEEDING

- Establish timing of most recent dose
- Local measures; initiate standard measures to control bleeding, including first aid and notification of appropriate specialist team
- Measure baseline coagulation parameters (PT, aPTT, fibrinogen).  
N.B. These (standard) tests are relatively insensitive to apixaban

## CLINICALLY SIGNIFICANT BLEEDING

- Local haemostatic measures
- Consider deferring next dose of apixaban
- Consult prescribing physician before re-commencing standard dose

## MAJOR BLEEDING

- Local haemostatic measures
- Defer next dose of apixaban
- Consider activated charcoal if last apixaban dose <6 hrs
- Volume replacement or transfusion if required
- Consider tranexamic acid for mucosal or superficial bleeding (minor bleeding: 1g oral QID OR major bleeding: 15mg/kg bolus followed by 1mg/kg/hr until bleeding is controlled)
- If bleeding is not controlled by the above, consider PCC (Prothrombinex) at a dose of 25–50 U/kg and consult haematologist
- Consult prescribing physician before re-commencing apixaban

## LIFE-THREATENING BLEEDING

- Local haemostatic measures
- Discontinue apixaban
- Volume replacement or transfusion if required
- Consider PCC (Prothrombinex) at a dose of 25–50 U/kg and consult haematologist
- Consider tranexamic acid for mucosal or superficial bleeding (minor bleeding: 1g oral QID OR major bleeding: 15mg/kg bolus followed by 1mg/kg/hr until bleeding is controlled)
- If bleeding persists despite measures above, consider recombinant FVIIa (NovoSeven)  
N.B. Risk of thromboembolic complications