

## Reversal for Anticoagulant-Induced Life-threatening Bleeding [4129]

This order set is intended for anticoagulant reversal in the setting of life-threatening and acute bleeding. For non-emergent reversal of warfarin (Coumadin), refer to the Non-Emergent Reversal of Warfarin (Coumadin) Anticoagulation (procedure or supratherapeutic INR without bleeding).

DISCONTINUE ANTICOAGULANT

### General

#### Bleeding Location (Selection Required)

Bleeding location: Bleeding location:

### Laboratory

#### Baseline Laboratory

<input checked="" type="checkbox"/> Type and screen	STAT For 1 Occurrences
<input checked="" type="checkbox"/> CBC with platelet and differential	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Prothrombin time with INR	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Partial thromboplastin time, activated	STAT For 1 Occurrences

#### Follow-Up Laboratory

<input checked="" type="checkbox"/> CBC with platelet and differential	Every 6 hours For 24 Hours Draw lab one hour after reversal
<input checked="" type="checkbox"/> Prothrombin time with INR	Every 6 hours For 24 Hours Draw lab one hour after reversal
<input checked="" type="checkbox"/> Partial thromboplastin time, activated	Every 6 hours For 24 Hours Draw lab one hour after reversal

### Medications and Additional Laboratory

#### Bleeding associated with use of (Single Response) (Selection Required)

apixaban (ELIQUIS), rivaroxaban (XARELTO), edoxaban (SAVAYSA)

#### Medications (Single Response)

Andexanet alfa (Andexxa®) infusion (RESTRICTED) (Single Response)

Fa Inhibitor FXa Inhibitor Last Dose Timing of FXa Inhibitor Last Dose Before Andexanet alfa Initiation  
<8 Hours or Unknown ?8 Hours  
Apixaban ?5 mg Low dose Low dose  
>5 mg or unknown High dose  
Rivaroxaban ?10 mg Low dose  
>10 mg or unknown High dose

High dose should also be used for patients ?7 hours since last administration of treatment dose enoxaparin ? 1 mg/kg in a patient allergic to protamine.

Low Dose Option (Single Response)

Central Line Administration

**"Followed by" Linked Panel**

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factor Xa, inactivated-zhzo (ANDEXXA) IV solution (RESTRICTED) 400 mg, intravenous, for 15 Minutes, once, For 1 Doses  
Do not exceed 30 mg/min for bolus rate  
Andexxa® is restricted to attending-level physicians. Are you an attending-level provider or ordering on behalf of one?  
Andexxa® is restricted to use in emergency department, intensive care unit, and operating room areas only. Do you attest that the patient is being treated in an approved care setting?  
Andexxa® is restricted to treatment of intracranial hemorrhage, neuraxial bleeding, and life-threatening extracranial bleeding that is not amendable to other medical and surgical interventions. Do you attest that these restrictions are met?  
Andexxa® is restricted to only be used to reverse rivaroxaban, apixaban, or enoxaparin (if allergic to protamine). Do you attest that these restrictions for andexanet alfa (Andexxa®) have been met?

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recombinant coagulation factor Xa (ANDEXXA) Low Dose 500 mg infusion (RESTRICTED) 4 mg/min, intravenous, for 120 Minutes, once, Starting H+15 Minutes, For 1 Doses  
Andexxa® is restricted to attending-level physicians. Are you an attending-level provider or ordering on behalf of one?  
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Peripheral Line Administration

**"Followed by" Linked Panel**

andexanet alfa (ANDEXXA) Peripheral Line IV Bolus (RESTRICTED) 400 mg, intravenous, for 15 Minutes, once, For 1 Doses  
Do not exceed 30 mg/min for bolus rate.  
Andexxa® is restricted to attending-level physicians. Are you an attending-level provider or ordering on behalf of one?  
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recombinant coagulation factor Xa (ANDEXXA) Low Dose 480 mg Peripheral Line infusion (RESTRICTED) 4 mg/min, intravenous, for 120 Minutes, once, Starting H+15 Minutes, For 1 Doses  
Andexxa® is restricted to attending-level physicians. Are you an attending-level provider or ordering on behalf of one?  
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High Dose Option (Single Response)

**"Followed by" Linked Panel**

Central Line Administration

<input type="checkbox"/> andexanet alfa (ANDEXXA) IV Bolus (RESTRICTED)	<p>800 mg, intravenous, for 30 Minutes, once, For 1 Doses Do not exceed 30 mg/min for bolus Andexxa® is restricted to attending-level physicians. Are you an attending-level provider or ordering on behalf of one? Andexxa® is restricted to use in emergency department, intensive care unit, and operating room areas only. Do you attest that the patient is being treated in an approved care setting? Andexxa® is restricted to treatment of intracranial hemorrhage, neuraxial bleeding, and life-threatening extracranial bleeding that is not amendable to other medical and surgical interventions. Do you attest that these restrictions are met? Andexxa® is restricted to only be used to reverse rivaroxaban, apixaban, or enoxaparin (if allergic to protamine). Do you attest that these restrictions for andexanet alfa (Andexxa®) have been met?</p>
<input type="checkbox"/> recombinant coagulation factor Xa (ANDEXXA) High Dose 960 mg Central Line infusion (RESTRICTED)	<p>8 mg/min, intravenous, for 120 Minutes, once, Starting H+30 Minutes, For 1 Doses Andexxa® is restricted to attending-level physicians. Are you an attending-level provider or ordering on behalf of one? Andexxa® is restricted to use in emergency department, intensive care unit, and operating room areas only. Do you attest that the patient is being treated in an approved care setting? Andexxa® is restricted to treatment of intracranial hemorrhage, neuraxial bleeding, and life-threatening extracranial bleeding that is not amendable to other medical and surgical interventions. Do you attest that these restrictions are met? Andexxa® is restricted to only be used to reverse rivaroxaban, apixaban, or enoxaparin (if allergic to protamine). Do you attest that these restrictions for andexanet alfa (Andexxa®) have been met?</p>
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<input type="checkbox"/> Peripheral Line Administration	
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<input type="checkbox"/> STAT Prothrombin complex concentrate (KCentra) IV (Single Response)	<p>Avoid use in disseminated intravascular coagulopathy (DIC). May contain heparin, avoid use in heparin induced thrombocytopenia (HIT). Closely monitor for thromboembolic events during and after administration. Use has not been evaluated in patients who have experienced a thromboembolic event, MI, CVA, TIA, unstable angina, or severe peripheral vascular disease within the prior 3 months.</p>

<input type="checkbox"/>	Intracranial hemorrhage	50 Units/kg, intravenous, for 20 Minutes, once, For 1 Doses
<input type="checkbox"/>	Other bleeding types	intravenous, once
<input type="checkbox"/>	Additional laboratory for apixaban (Eliquis)	
<input type="checkbox"/>	Anti Xa Apixaban	STAT, Starting S For 1 Occurrences STAT
<input type="checkbox"/>	Anti Xa Apixaban	Once, Starting H+2 Hours For 1 Occurrences Draw 1 hour after reversal administration
<input type="checkbox"/>	Additional laboratory for rivaroxaban (Xarelto)	
<input type="checkbox"/>	Anti Xa Rivaroxaban	STAT, Starting S For 1 Occurrences STAT
<input type="checkbox"/>	Anti Xa Rivaroxaban	Once, Starting H+2 Hours For 1 Occurrences Draw 1 hour after reversal administration
<input type="checkbox"/>	dabigatran (PRADAXA)	
<input type="checkbox"/>	Consult Nephrology/Hyperten	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
<input type="checkbox"/>	idarucIZUmab (PRAXBIND)	
	Note: For Hereditary Fructose Intolerance Patients - idarucizumab contains 4 gm of sorbitol as an excipient	
	2.5 gram x 2 doses = 5 grams total dose delivered	
<input type="checkbox"/>	idarucIZUmab (PRAXBIND) IVPB solution - 2.5 gm x 2 doses = 5 gm total dose	2.5 g, intravenous, at 300 mL/hr, for 10 Minutes, every 10 min, For 2 Doses Administer 2.5 grams x 2 doses for a total dose of 5 grams delivered. Administer no more than 15 minutes apart.
<input type="checkbox"/>	heparin	
<input type="checkbox"/>	Medications (Single Response)	
	MAX single dose of protamine IV should not exceed 50 mg	
<input type="checkbox"/>	Protamine for one-time dose of Heparin (i.e. bolus)	<b>"And" Linked Panel</b>
	Exposure to heparin less than 30 minutes ago, give 1 mg of protamine for every 100 units of unfractionated heparin Exposure to heparin 30-60 minutes ago, give 0.5 mg of protamine for every 100 units of unfractionated heparin Exposure to heparin was greater than 2 hours ago, give 0.25 mg of protamine for each 100 units of unfractionated heparin	
	Degree of reversal can be expressed with aPTT and/or anti-factor Xa Activity.	
	Use with caution in patients with a history of vasectomy, previous exposure to protamine through protamine-containing insulins or with known fish allergy. Do NOT exceed a dose rate of 5 mg/minute. MAX Dose of protamine is 50 mg.	
<input type="checkbox"/>	protamine injection	intravenous, once, For 1 Doses Do not exceed a dose administration rate of 5 mg/min.
<input type="checkbox"/>	Protamine for prolonged exposure of Heparin (i.e. IV infusion)	<b>"And" Linked Panel</b>
	Use only the last 3 hours of heparin exposure prior to reversal when considering the total amount of heparin administered to the patient: - For every 100 units of heparin patient received in last hour give 1 mg of protamine - For every 100 units of heparin the patient received in the 2nd hour, give 0.5 mg of protamine - For every 100 units of heparin the patient received in the 3rd hour, give 0.25 mg of protamine	
	Degree of reversal can be expressed with aPTT and/or anti-factor Xa Activity. Contact pharmacy if assistance is required in determining amount of heparin administered to the patient over time.	
	Use with caution in patients with a history of vasectomy, previous exposure to protamine through protamine-containing insulins or with known fish allergy. Do NOT exceed a dose rate of 5 mg/minute. MAX Dose of protamine is 50 mg.	
<input type="checkbox"/>	protamine injection	intravenous, once, For 1 Doses Do not exceed a dose administration rate of 5 mg/min
<input type="checkbox"/>	Heparin Additional Laboratory	
<input type="checkbox"/>	Anti Xa, unfractionated	STAT, Starting S For 1 Occurrences STAT



<input type="checkbox"/> recombinant coagulation factor Xa (ANDEXXA) Low Dose 500 mg infusion (RESTRICTED)	4 mg/min, intravenous, for 120 Minutes, once, Starting H+15 Minutes, For 1 Doses Andexxa® is restricted to attending-level physicians. Are you an attending-level provider or ordering on behalf of one? Andexxa® is restricted to use in emergency department, intensive care unit, and operating room areas only. Do you attest that the patient is being treated in an approved care setting? Andexxa® is restricted to treatment of intracranial hemorrhage, neuraxial bleeding, and life-threatening extracranial bleeding that is not amendable to other medical and surgical interventions. Do you attest that these restrictions are met? Andexxa® is restricted to only be used to reverse rivaroxaban, apixaban, or enoxaparin (if allergic to protamine). Do you attest that these restrictions for andexanet alfa (Andexxa®) have been met?
<b>"Followed by" Linked Panel</b>	
<input type="checkbox"/> Peripheral Line Administration <input type="checkbox"/> andexanet alfa (ANDEXXA) Peripheral Line IV Bolus (RESTRICTED)	400 mg, intravenous, for 15 Minutes, once, For 1 Doses Do not exceed 30 mg/min for bolus rate. Andexxa® is restricted to attending-level physicians. Are you an attending-level provider or ordering on behalf of one? Andexxa® is restricted to use in emergency department, intensive care unit, and operating room areas only. Do you attest that the patient is being treated in an approved care setting? Andexxa® is restricted to treatment of intracranial hemorrhage, neuraxial bleeding, and life-threatening extracranial bleeding that is not amendable to other medical and surgical interventions. Do you attest that these restrictions are met? Andexxa® is restricted to only be used to reverse rivaroxaban, apixaban, or enoxaparin (if allergic to protamine). Do you attest that these restrictions for andexanet alfa (Andexxa®) have been met?
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<input type="checkbox"/> Central Line Administration <input type="checkbox"/> andexanet alfa (ANDEXXA) IV Bolus (RESTRICTED)	800 mg, intravenous, for 30 Minutes, once, For 1 Doses Do not exceed 30 mg/min for bolus Andexxa® is restricted to attending-level physicians. Are you an attending-level provider or ordering on behalf of one? Andexxa® is restricted to use in emergency department, intensive care unit, and operating room areas only. Do you attest that the patient is being treated in an approved care setting? Andexxa® is restricted to treatment of intracranial hemorrhage, neuraxial bleeding, and life-threatening extracranial bleeding that is not amendable to other medical and surgical interventions. Do you attest that these restrictions are met? Andexxa® is restricted to only be used to reverse rivaroxaban, apixaban, or enoxaparin (if allergic to protamine). Do you attest that these restrictions for andexanet alfa (Andexxa®) have been met?

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( ) Peripheral Line Administration

**"Followed by" Linked Panel**

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Additional laboratory for low-molecular weight heparin - enoxaparin (Lovenox) or dalteparin (Fragmin)

<input type="checkbox"/> Anti Xa, low molecular weight	STAT, Starting S For 1 Occurrences Heparin Name: Lovenox STAT
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<input type="checkbox"/> Anti Xa, low molecular weight	Once For 1 Occurrences Heparin Name: Lovenox Draw after protamine administration
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( ) warfarin (COUMADIN)

STAT Prothrombin complex concentrate (KCentra) (Single Response)

Avoid use in disseminated intravascular coagulopathy (DIC). May contain heparin, avoid use in heparin induced thrombocytopenia (HIT). Closely monitor for thromboembolic events during and after administration. Use has not been evaluated in patients who have experienced a thromboembolic event, MI, CVA, TIA, unstable angina, or severe peripheral vascular disease within the prior 3 months.

( ) Major life-threatening bleeding/Emergency Procedures	1,500 Units, intravenous, for 20 Minutes, once, For 1 Doses
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( ) Intracranial Hemorrhage OR Weight > 100 kg OR INR >7.5	2,000 Units, intravenous, for 20 Minutes, once, For 1 Doses
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[ ] Prothrombin time with INR	Once, Starting H+90 Minutes For 1 Occurrences Draw lab one hour after reversal
[ ] phytonadione (vitamin K) (AQUA-Mephyton) IVPB	10 mg, intravenous, for 30 Minutes, once, For 1 Doses Indication: Other Please specify: Warfarin reversal for bleeding