

IS YOUR PATIENT ON APIXABAN OR RIVAROXABAN? CONSIDER REVERSAL - MUST BE DISCUSSED WITH HAEMATOLOGY CONSULTANT

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| Name of patient | |
| CHI of patient | |
| Date of assessment | |
| Time of arrival to ED | |
| Name of care provider | |

| Type of bleeding | Tick if applies |
|---|-----------------|
| Epidural (CT or MRI documented) | |
| Retroperitoneal (CT or MRI documented) | |
| Intra-ocular (excludes conjunctival) | |
| Intramuscular with compartment syndrome | |
| Pericardial | |
| Non-traumatic intra-articular | |
| Any invasive procedure to stop bleeding | |
| Active bleeding from any orifice plus BP \leq 90mmHg systolic, or oliguria, poor skin perfusion, or associated decrease in haemoglobin \geq 20g/l | |
| Any other bleeding that the clinician deems to be life-threatening | |

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| Name of consultant or registrar in charge | |
| Time informed | |

Locate 'Guidance for Rivaroxaban and Apixaban rapid reversal' on intranet for reference.

| Information | Input information |
|--|-------------------|
| Name of anticoagulant | |
| Indication for anticoagulant | |
| Dose of anticoagulant | |
| Time of last dose (<8hrs, \geq 8hrs or >18hrs) | |
| Last known egfr result | |

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| Name of haematology consultant | |
| Time contacted | |
| Haematology advice andexanet not indicated | |
| Haematology advice low dose (five vials) | |
| Haematology advice high dose (nine vials) | |
| '\andex' documented in Trak notes prior to supply by pharmacy | |

Charge nurse to source by contacting the following and stating the number of vials required:

- **Mon-Fri 08:30-17:00:** ED pharmacist on bleep 2295 who will bring drug to the ED.
- **Mon-Fri 17:00-18:30; Sat 09:30-15:00; Sun 10:00-14:00:** Pharmacy department on extension 22911/22912. You must state supply is urgent and send staff member to collect from the pharmacy department.
- **Out with the above times:** call site and capacity. A member of the site and capacity team will collect the drug from the HAN emergency drug cupboard (EDC) refrigerator and bring to the ED.

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| Number of vials specified | |
| Time contacted | |
| AEF1E filter sourced from resus store cupboard | |
| Time of arrival of andexanet to the ED | |
| Time infusion started | |

If andexanet not arrived to A+E in 60 minutes from contacting pharmacy/ site and capacity **alert consultant or registrar in charge and charge nurse.**
Unused vials should be stored in resus fridge

