



## CLINICAL GUIDELINE

# Anticoagulation and Head Injuries Emergency Department

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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<b>Lead Author:</b>	Scott Taylor
<b>Approval Group:</b>	Acute Services Division Clinical Governance Forum

### Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

# Anticoagulation & Head Injuries

**WARFARIN** : Urgent INR. Near Patient Test if available  
**DOACs** : Coag (+/- anti-Xa) [document time of last dose] FBC,U&E  
**LMWH** : refer *Therapeutics Handbook*

Assess

## HIGH SUSPICION OF INTRACRANIAL BLEED

- GCS < 15
- New neurological deficit
- Loss of Consciousness
- Headache - severe/persistent
- Amnesia
- Suspected fracture
- Vomiting

**Minor symptoms**  
(not normally requiring CT)

**Non-trivial Head/Face injury**  
(e.g. sufficient to cause a wound or haematoma)

**No Symptoms or Signs**

Discuss with Senior regarding CT, admission or discharge

### WARFARIN

- **Vitamin-K 5 mg IV**  
100 ml Dextrose 5% over 15 minutes
- **Consider/Plan Prothrombin Complex Concentrate** [Beriplex] ([Dosing here](#))
- **Patients Weight** - pat slide weight

### DOAC

- **Oral activated charcoal**  
Consider if ingestion  $\leq$  2h to inhibit further drug absorption.

Arrange **Early CT Scan**  
( $<1hr$ )

Arrange **Immediate CT Scan**

*consider PCC before CT if felt clinically appropriate*

## CT SCAN NEGATIVE

- **INR  $\geq$  3** then administer 0.5mg Vitamin K IV.
- **INR 2-3** *consider* withholding next warfarin dose(s). Review Anticoagulation & Falls risk.
- **Aim INR 2-3** for 2 weeks following head injury.
- **DOAC**: Review further dosing / omit next dose.

Discuss potential for discharge if CT negative and

- INR < 3
  - Appropriate close supervision
  - Suitable social circumstances
- with Anticoagulated Head Injury Advice Leaflet

## CONFIRMED INTRACRANIAL BLEED

Discuss with Haematology & Neurosurgeons (SCI referral & Phone)

### WARFARIN

- Aim full warfarin reversal, even prosthetic valve patients, for  $\geq$  7 days
- Phone Resus to start PCC reconstitution ([dosing guidance](#))

### DOAC (Andexanet alfa and Idaracizumab both held in Pharmacy Emergency Fridge)

- Apixaban/Rivaroxiban/Edoxaban - **Andexanet alfa** (Andexxa™) ([dosing guidance](#))
- Dabigatran - **Idaracizumab** (Praxbind™)  
[Dosing](#): 5g, as two consecutive infusions of 2.5g/50mls over 5-10 minutes (or bolus)
- Consider **Platelets / IV Tranexamic Acid** (1g over 10 mins, 1g 8hrs)  
(Clopidogrel - discuss with Neurosurgery regarding withholding for 1 week)