

# 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**  
( $<1$ hr)

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)