DOSES BELOW

Oral anticoagulant reversal

START HERE · Stop the drug and assess bleeding severity
Resuscitate and control bleeding. Identify drug, last dose, renal function and tests. Delay urgent surgery for clearance when safe.

Which anticoagulant is active?

Vitamin K antagonist	Life-threatening bleeding with active effect: slow IV vitamin K and 4F-PCC. If PCC is unavailable, use plasma.
Dabigatran	Give idarucizumab for life-threatening or uncontrolled bleeding or when indicated for emergency surgery.
Factor Xa inhibitor	Discuss 4F-PCC per local policy. For andexanet, verify indication, availability and thrombosis risk. Avoid before planned heparinization.

DOSE AND ADMINISTRATION

Vitamin K1 and Kcentra · VKA Guideline	**Vitamin K1 5–10 mg slow IV per product. Use 10 mg for life-threatening bleeding.** **Kcentra, IV factor IX IU/kg, actual weight up to 100 kg:** **INR 2 to <4: 25 (max 2,500 IU)** **INR 4–6: 35 (max 3,500 IU)** **INR >6: 50 (max 5,000 IU)** [59] [28]
Plasma · no PCC Guideline	**Plasma 10–15 mL/kg IV.** [59] [28]
Idarucizumab · initial Guideline	**5 g IV: two consecutive 2.5 g/50 mL vials.** [62] [61] [60]
Idarucizumab · repeat Guideline	**If clotting tests are prolonged, consider 5 g IV again for recurrent bleeding, risk of life-threatening rebleeding or a second emergency procedure.** [62]
4F-PCC · Xa, off label Product or evidence specific	**4F-PCC 25–50 factor IX IU/kg IV per hospital protocol.** [60] [61] [66]
Andexanet · EMA label Guideline	**Low: 400 mg IV bolus, then 4 mg/min for 120 min.** **High: 800 mg IV bolus, then 8 mg/min for 120 min.** **Bolus ≈30 mg/min. Low if apixaban ≤5 mg, rivaroxaban ≤10 mg, or last dose ≥8 h ago. High if the dose exceeds these limits and was taken <8 h ago. No EMA dose if dose or time is unknown.** [63] [64] [65]

Reassess and escalate · Recheck source control and relevant assays. Agree when to reassess thrombosis risk and restart anticoagulation.

Clinical scope · Use the approved hospital pathway. Brand names identify examples. Verify the local product and availability. Elective interruption and neuraxial procedures have separate thresholds.

Sources [28] KCENTRA (DailyMed) • [59] ACC 2020 • [60] ISTH SSC 2024 • [61] ESAIC 2024 • [62] Praxbind · EMA • [63] Ondexxya · EMA • [64] FDA safety notice 2025 • [65] ISP Chile · Registro • [66] THANZ 2025