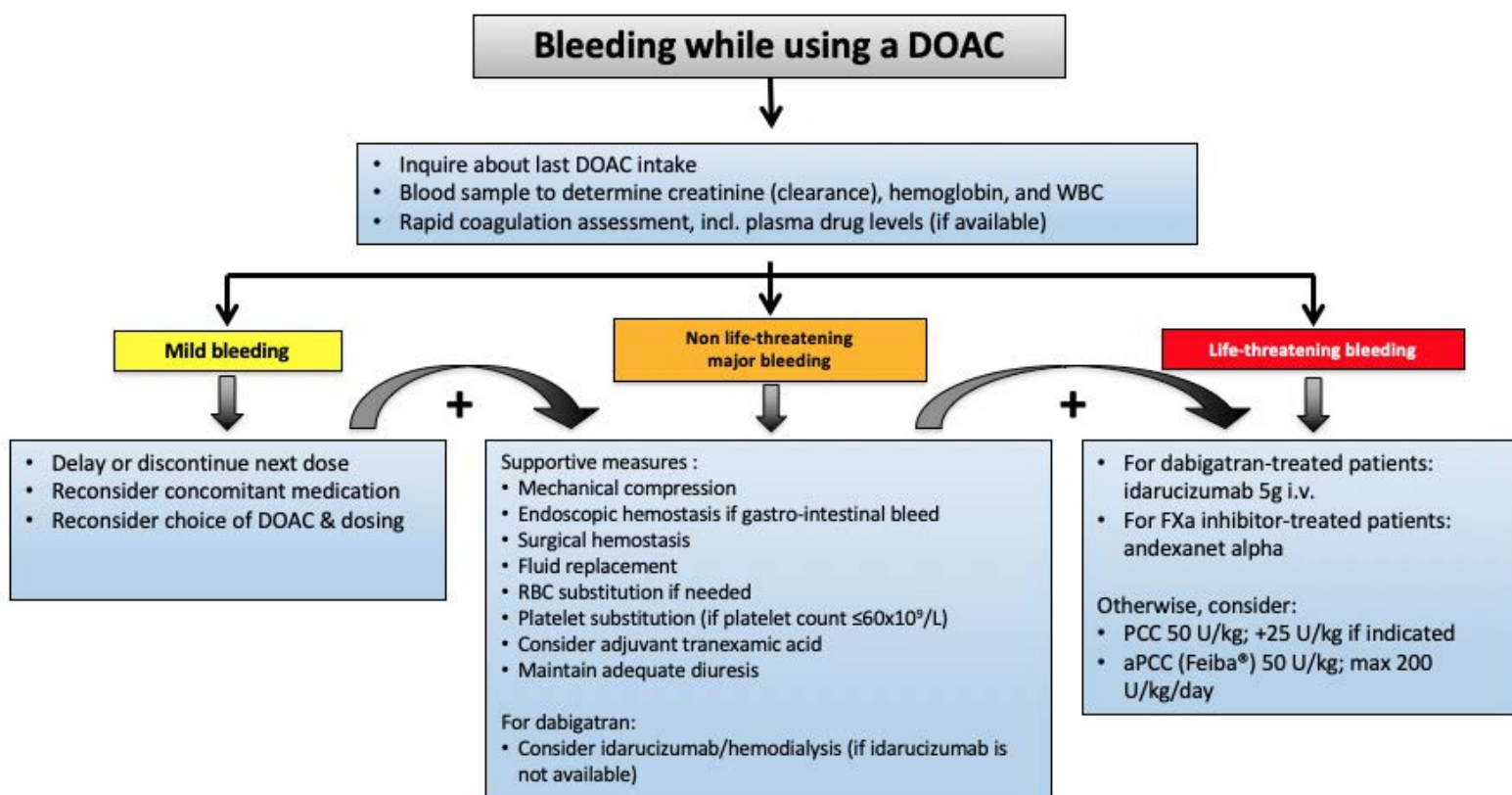


Strategies for Assessing & Managing DOAC-Related Bleeding

COMPANION GUIDE

Assessing Bleeding Risk With Oral Anticoagulants

Management Algorithm for DOAC-related Bleeding¹



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Immediate Care and Risk Stratification

Rockall Score ⁵				
Score variable	0	1	2	3
Age	<60 yr	60-79 yr	≥ 80 yr	
Shock	No shock, systolic BP ≥ 100, pulse < 100	Tachycardia, systolic BP ≥ 100, pulse ≥ 100	Hypotension, systolic BP < 100	
Comorbidity	No major comorbidity	Cardiac failure, ischaemic heart disease, any major comorbidity		Renal failure, liver failure, disseminated malignancy
Diagnosis	Mallory-Weiss tear, no lesion identified and no SRH	All other diagnoses	Malignancy of UGI tract	
Major SRH	None or dark spot only	Blood in UGI tract, adherent clot, visible or Spurting vessel		

Glasgow Blatchford Score ⁶			
Score variable	GBS	Score variable	GBS
Blood urea (mmol/l)		Systolic blood pressure (mmHg)	
<6.5	0	>109	0
6.5 – 7.9	2	100 - 109	1
8 – 9.9	3	90 - 99	2
10 – 25	4	<90	3
>25	6	Other markers	
Hemoglobin: men (g/l)		BPM ≥ 100	
>129	0	Melena	1
120 – 129	1	Syncope	1
100 – 119	3	Liver disease*	2
<100	6	Heart failure*	2
Hemoglobin: women (g/l)			
>119	0		
100 – 119	1		
<100	6		

Rockall score predicts risk of mortality and so allows stratification into low and high-risk bleeds

*Based on past medical history, clinical or laboratory evidence

Key Takeaways

- Consider the following key factors in deciding to use DOAC reversal agents in patients experiencing bleeding:
 - Bleed location and severity
 - Type, dose, and time since last dose of DOAC
 - Creatinine (clearance) and hemoglobin
 - Coagulation assessment, including plasma drug levels (if available)
- Differentiate nuisance bleeding from major bleeding
- If time is limited, monitor anticoagulant activity using PT, anti-Xa levels (if available), and/or aPTT/TCT (qualitatively)
- Manage bleeding risk factors in order to reduce the risk of further bleeding

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References

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