1. MANIFEST BLEEDING

A) Mild Bleeding
no transfusion, stable haemodynamics

Clinical observation

Local haemostasis
e.g. sclerotherapy, compression

General measures
e.g. avoidance of hypertension, hypothermia

Reduction of dabigatran
e.g. discontinuation, suspension until haemostasis is achieved

Laboratory analyses
blood count
renal function (eGFR, creatinine clearance)
if available: routine coagulation tests, dabigatran-sensitive test

B) Severe Bleeding
< 4 erythrocyte concentrates
haemodynamically stable
without catecholamines

C) Life-threatening or organ-threatening Bleeding
≥ 4 erythrocyte concentrates,
catecholamine demand

Clinical observation, haemodynamic monitoring

Volume therapy

Erythrocyte concentrate transfusion
according to individual transfusion trigger (~ 7-9 g/dl)

Local haemostasis
e.g. surgical Intervention, compression

General measures
e.g. avoidance of hypothermia, acidosis, hypocalcaemia, correction of secondary acquired coagulopathy

Discontinue dabigatran

Reduce resorption
active coal (1 g/kg BW) enterally in case of dabigatran intake < 2h

Consider forced elimination
haemodialysis > 4 h (haemo(dia)filtration)

Consider reversal
PPSB or FEIBA (≥ 25 U/kg BW) or rFVIIa (≥ 50 µg/kg BW); consider repetition (not effective: FFP)

Laboratory analyses
blood count
renal function (eGFR, creatinine clearance)
routine coagulation tests including thrombin time;
if available: Hemoclot Test or ecarin clotting time

2. PERIOPERATIVES BLEEDING RISK

Elective Surgery

Minor bleeding risk
Continue dabigatran
Clinical observation
Vigilance of surgical team

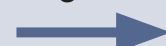
High bleeding risk
Discontinue dabigatran:
creatinine clearance > 80 ml/min:
2 days
creatinine clearance 50-80 ml/min:
3 days
creatinine clearance 30-50 ml/min:
≥ 4 days

Clinical observation

Careful haemostasis
Patient Blood Management

General measures
e.g. avoidance of hypothermia; volume therapy

Severe/life-threatening bleeding



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Laboratory analyses
pre-op: blood count, renal function
intra-op: blood count

Acute Surgery

Emergency Surgery

Minor bleeding risk
Dabigatran not discontinued
Clinical observation, haemodynamic monitoring
Vigilance of surgical team

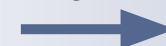
High bleeding risk
Discontinue dabigatran
Reduce resorption
active coal (1 g/kg BW) enterally in case of dabigatran intake < 2 h
Consider forced elimination
haemodialysis > 4 h (haemo(dia)filtration)

Clinical observation

Careful haemostasis
Patient Blood Management

General measures
e.g. avoidance of hypothermia, volume therapy

Severe/life-threatening bleeding



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Consider reversal
PPSB or FEIBA (≥ 25 U/kg BW) or rFVIIa (≥ 50 µg/kg BW); consider repetition (not effective: FFP)

Laboratory analyses
blood count, renal function, routine coagulation tests including thrombin time
if available: Hemoclot Test or ecarin clotting time

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