

Figure 1. Protocol for anticoagulant associated ICH

UCLH HASU protocol for anticoagulant associated ICH

1. Anticoagulation associated ICH is an *emergency*

- **Rapid recognition** – always ask about anticoagulants with acute stroke symptoms *regardless of onset time*.
- **Urgent scanning** – go straight to CT if safe to do so.
- **ICH on scan** – initiate immediate treatment.
- **Treatment must be given *before* any critical transfer to NHNN.** Infusion can be continued during transfer.

Anticoagulants

Vit K antagonists: Warfarin, Synthrome

DOACs: Apixaban, Rivoraxaban, Edoxaban

Dabigatran: antidote available – see below

2. Give Vitamin K & Octaplex for ICH with Warfarin/Synthrome

1. Check point-of-care INR using Roche CoaguChek device (plus lab INR for audit only).
2. Give Vitamin K at 10 mg IV stat (in Thrombolysis Nurse bag).
3. Dose Octaplex based on patient weight and point-of-care INR (see table below).
4. Prescribe Octaplex on A&E prescription chart.
5. Collect Octaplex from HASU fridge.
6. Draw up Octaplex and administer over 15 minutes (regardless of dose) in a driver.

	<60kg	60-80kg	>80kg
INR 1.3-3.9	1000u	1500u	2000u
INR 4.0-6.0	1500u	2000u	2500u
INR > 6	3000u	3000u	3000u
Clinically unstable requiring anaesthetist support and INR >1.2	3000u	3000u	3000u

3. T-Call Nurse to record and re-order HASU stock of Octaplex

- Fill out the tracing forms in **all used boxes** with patient detail label, date/time, and batch label from vial.
- Place tracing forms in the blood product tracing boxes in A&E or HASU.
- Return any unused boxes to HASU fridge.
- Phone blood transfusion to inform them of use of HASU Octaplex.
- Transfusion will send courier with new stock, who will also take unused stock back.
- Record details and times as per thrombolysis for Door To Needle audit.

Blood Transfusion:
Extn: 78522/78523
Bleep: 7060

4. T-Call SpR to inform Haematology and recheck INR after treatment

- Ensure Haematology SpR informed of case **after** Octaplex given - on call SpR (bleep 7050); via switch out-of-hours.
- Repeat INR 30 min and 6 h after end of infusion of Octaplex (laboratory INR, not point-of-care).
- If repeat INR > 1.2, seek Haematology advice on further management.
- Consider future anticoagulation requirements in high risk cases.

5. ICH on DOACs (Apixaban, Dabigatran, Rivoraxaban, Edoxaban)

- Contact Haematology on call registrar (bleep 7050); via switch out-of-hours; for Dabigatran antidote and advice for all other DOACs.
- Send urgent coagulation screen, thrombin time (Dabigatran only) and anti-Xa assay (Apixaban, Rivoroxaban, Edoxaban).

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DOACs, Direct oral anticoagulants; HASU, Hyper-acute stroke unit; ICH, intracranial haemorrhage; NHNN, National Hospital for Neurology & Neurosurgery; Octaplex, PCC; T-call, thrombolysis call; UCLH, University College London Hospital;