

EMERGENT REVERSAL

Emergent reversal of oral anticoagulants

Revised 8 July 2026

QUESTION 1: WHICH ORAL ANTICOAGULANT ARE WE REVERSING?

Factor Xa inhibitor

apixaban · rivaroxaban · [this page](#)

Warfarin + vitamin K

Section 2 · [page 2](#)

Dabigatran → Praxbind

Section 3 · [page 3](#)

1 Factor Xa inhibitor pathway

[apixaban](#) · [rivaroxaban](#)

QUESTION 2

When was the last dose taken?

≤ 18 h Drug effect presumed. **Continue** →

UNKNOWN History unavailable from patient or family: treat as recent. **Continue** →

> 18 h Factor Xa inhibitor activity is negligible.
Reversal not indicated.

QUESTION 3

Has the patient received FFP in the last 4 hours?

NO Meets criteria for administration.
Continue →

YES Discuss risk and benefit with the ordering provider: thromboembolic risk. FFP is not an absolute contraindication.
Proceed after discussion.

MEETS CRITERIA: ADMINISTER

KCentra

2,000 units IV × 1 dose
Do NOT exceed 8.4 mL/min.

Fixed dose for all patients. Calculate the infusion rate from weight using the worksheet below.

Repeat-dose criteria → [Section 4](#)

INFUSION RATE WORKSHEET

_____ kg × 0.12 mL/kg/min = _____ mL/min

80 mL ÷ _____ mL/min = _____ minutes

Maximum rate 8.4 mL/min; the 0.12 mL/kg/min calculation reaches the cap at 70 kg.

CAUTION: KCENTRA CONTAINS HEPARIN

Avoid KCentra in patients with known heparin-induced thrombocytopenia (HIT). FEIBA can be used for these patients as it does not contain heparin.

Factor Xa inhibitor

Section 1 · page 1

Warfarin + vitamin K

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Dabigatran → Praxbind

Section 3 · page 3

2 Warfarin pathway

FIRST: IN EVERY CASE
Vitamin K 10 mg in 50 mL NS, IVPB

QUESTION 2

What is the INR?

Confirm an initial INR; order a STAT PT/INR if necessary.

≥ 1.5 Continue →

< 1.5 Continue vitamin K if indicated.
Reversal not indicated.

QUESTION 3

Has the patient received FFP in the last 4 hours?
NO Meets criteria. **Continue** →

YES Discuss risk and benefit with the ordering provider. Not an absolute contraindication. **Proceed after discussion.**
MEETS CRITERIA: ADMINISTER
KCentra
2,000 units IV × 1 dose
Do NOT exceed 8.4 mL/min.

Rate is weight-based; use the worksheet below.

Repeat-dose criteria → Section 4

INFUSION RATE WORKSHEET

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Factor Xa inhibitor

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Warfarin + vitamin K

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Dabigatran → Praxbind

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3 Dabigatran pathway

idarucizumab (Praxbind)

QUESTION 2
When was the last dose taken?

The reversal window depends on renal function.

CrCl ≥50 Last dose within 48 hours.

Continue →
CrCl <50 Last dose within 5 days. **Continue →**
OUTSIDE Dabigatran activity is negligible.

Reversal not indicated.
QUESTION 3
Does the patient have hereditary fructose intolerance?

Praxbind (idarucizumab) contains 4 g sorbitol.

NO Meets criteria for Praxbind. **Continue →**
YES Do not give Praxbind. Use KCentra instead, following the Factor Xa pathway (Section 1). **Alternate pathway.**
MEETS CRITERIA: ADMINISTER
Praxbind

idarucizumab

5 g IV infusion × 1

Two 2.5 g / 50 mL ready-to-hang vials. Infuse each vial over 5–10 minutes; start the second vial no later than 15 minutes after the end of the first.

Repeat-dose criteria → Section 4

AFTER ADMINISTRATION

Re-evaluate coagulation parameters 12–24 hours after administration. Hemostasis can be attained and then lost as dabigatran redistributes from tissue back into plasma; see repeat-dose criteria (Section 4).

4 Repeat dose evaluation

Repeat dosing is discouraged in most scenarios. Little evidence supports a benefit. Use these criteria only when absolutely necessary, and document the rationale.

Warfarin

CRITERIA

Repeat INR > 1.5 with evidence of persistent, life-threatening bleeding.

KCentra 1,000 units × 1

Weight-based rate; maximum 3 units/kg/min.

Factor Xa inhibitors

CRITERIA

Re-dose only once, and only with proof or strong suspicion of ongoing drug effect plus persistent, life-threatening bleeding.

KCentra 1,000 units × 1

Weight-based rate; maximum 3 units/kg/min.

Dabigatran

CRITERIA

Hemostasis attained, then lost on re-evaluation of coagulation parameters 12–24 hours after administration; may reflect dabigatran redistributing from tissue back into plasma.

Praxbind 5 g IV

Two 2.5 g / 50 mL ready-to-hang vials.

For clinician reference; individualize to the patient. This is a guidance document; it does not replace clinical judgment or a documented order. Contains no protected health information.