Anticoagulation & Head Injuries

WARFARIN : Urgent INR. Near Patient Test if available
NOACs : Coag (+/- anti-Xa) [document time of last dose] FBC,U&E

HIGH SUSPICION OF INTRACRANIAL BLEED

- GCS < 15
- New neurological deficit
- LOC
- Headache - severe/persistent
- Amnesia
- Suspected #
- Vomiting >1

WARFARIN

- **Vit-K 5 mg IV**
  100 ml Dex 5% over 15 minutes
- **Inform Haematology**
  of likelihood of using PCC (Beriplex)
- **Patients Weight -** obtain / estimate

NOAC

- **Oral activated charcoal**
  Consider if ingestion ≤ 2h to inhibit further drug absorption.

Arrange Immediate CT Scan

CONFIRMED INTRACRANIAL BLEED

WARFARIN

- Aim full warfarin reversal, even in prosthetic valve patients, for at least 7 days
- Phone Resus to start PCC reconstitution (guidance here)

NOAC

- **Praxbind -** Dabigitran antidote [Pharmacy Emergency Fridge]
- Consider PCC / Platelets / IV Tranexamic Acid

Discuss with Neurosurgical Institute

Minor symptoms

(not normally requiring CT)
or
Non-trivial Head/Face injury
(e.g. sufficient to cause a wound or haematoma)

No Symptoms or Signs

Discuss with Senior regarding CT, admission or discharge

Arrange Early CT Scan
(ideally <1hr)

CT SCAN NEGATIVE

- **INR ≥ 3** then administer 0.5mg Vitamin K IV
- **INR < 3** consider withholding next INR dose(s)
- **Aim INR 2-3** for 2 weeks following head injury

Discuss potential for discharge if CT negative and

- INR < 3
- Appropriate close supervision
- Suitable social circumstances

with **Anticoagulated Head Injury Advice Leaflet**

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