SRINAGARIND HOSPITAL FACULTY OF MEDICINE KHON KAEN UNIVERSITY	AN : ..... HN : ..... ชื่อสกุล- : ..... อายุ : ..... ปี เพศ : ..... วันที่ : ..... หอผู้ป่วย..... สาขาวิชา.....	Attend staff..... (ว.....) Resident ..... (ว.....) Intern .....

Dabigatran Reversal (ver 8 Sep 2024)

Order for dabigatran reversal in life-threatening bleeding or required emergency procedure

PATIENT'S HISTORY (Body weight: _____ kg, height _____ cm)

: Dose of Dabigatran: ☐ 110 mg BID ☐ 150 mg BID ☐ Others: _____

DATE TIME	Orders for one day	DATE TIME	Orders for continuation
	Indication of anticoagulant: ☐ Atrial fibrillation CHADS2: _____ CHA2DS2-VASc: _____ ☐ Venous thromboembolism ☐ Others: _____ CLINICAL EVALUATION: Time of assessment: _____ Time of last dose: _____ Last dose to assessment time: _____ hrs Creatinine clearance: _____ ml/min Concomitant medications (antiplatelet, P-GP, or Cyp3A4 inducers/inhibitors): ☐ No ☐ Yes: _____ LABORATORY EVALUATION: ☐ CBC, BUN, Cr, LFT ☐ PT, aPTT, INR ☐ Thrombin time (TT)		INDICATION OF REVERSAL AGENT: Meet all criteria (1 plus either of 2.1 or 2.2): ☐ 1. Significant drug level ☐ 2.1 Major bleeding ☐ Bleeding in critical site ☐ Hb drops ≥ 2 g/dL or requiring ≥ 2 units of PRBC ☐ Hemodynamic instability ☐ 2.2 Require emergency surgery or invasive procedure ADMINISTRATION OF REVERSAL AGENT: ☐ Idarucizumab 5 gm. Intravenously over 5-10 minutes LABORATORY RE-EVALUATION: After 15 minutes of Idarucizumab administration, please take a blood sample for: ☐ PT, PTT, INR ☐ Thrombin time (TT)

วันที่ เวลา/:	แพทย์ผู้บันทึก : ..... ลายเซ็นแพทย์ : .....(ว.....)