

Dabigatran Reversal in Mild Traumatic Brain Injury

Latest

- Neurosurgical complications of direct thrombin inhibitors--catastrophic hemorrhage after mild traumatic brain injury in a patient receiving dabigatran

Context

Patients on **dabigatran (Pradaxa)** who suffer a **mild traumatic brain injury (GCS 13-15)** are at increased **risk of delayed intracranial bleeding**. Prompt assessment and potential **dabigatran reversal** are essential.

Initial Evaluation

- Immediate non-contrast head **CT scan**
- Assess:
 - GCS score**
 - Neurological deficits**
 - Timing and **severity of trauma**
 - Last **dabigatran** intake (within last 12–24h, most relevant)
- Renal function (creatinine clearance)** to estimate **drug clearance**

Reversal Protocol

If **CT shows intracranial hemorrhage** or clinical signs of bleeding:

- Administer **idarucizumab (Praxbind) 5 g IV**, in two consecutive 2.5 g **bolus infusions** (within 15 minutes)
- Monitor for signs of rebound **anticoagulation**

If **CT is normal**, but high bleeding risk:

- Consider **holding dabigatran**
- Observe clinically for 12–24h
- Repeat **head CT** in 6–12h if:
 - Age >75
 - High-energy trauma**
 - Antiplatelet co-medication**
 - Comorbidities (**renal failure, dementia**)

☐ If **low-risk + normal CT**:

- Outpatient observation may be considered after:
 - Neurology/neurosurgery consult
 - Patient/family informed consent
 - Structured discharge instructions

☐ Documentation Checklist

- Exact time and dose of last dabigatran intake
- Neurological examination + GCS
- CT findings
- Renal function
- Reversal indication and timing
- Plan for repeat imaging (yes/no, when)
- Disposition (admit vs discharge)

☐ Best Practice

- Use **Idarucizumab** only in active or high-risk bleeding
- Ensure protocol is aligned with the **emergency department** and the **ICU**
- Educate **staff** on location and indications for reversal agents

☐ See Also

- Anticoagulation reversal

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