Idarucizamab (Praxbind©) Criteria for use checklist:  
(fax to Pharmacy when complete)

For reversal of dabigatran (Pradaxa©) only in patients with life threatening or uncontrolled bleeding and/or in need of emergency surgery or procedure.

**Patient has:**
- □ Severe/Life-threatening Bleeding:
  - Intracranial hemorrhage or critical site bleed (eg. retroperitoneal, intra-spinal, intra-ocular, intra-articular)
  - Actual or impending hemodynamic compromise (eg. massive gastrointestinal bleeding)
  - Clinically overt bleeding and either a rapid decrease in Hgb level of 20g/L or more, or administration of 4 or more units RBCs over a short timeframe

**NOT indicated for:**
Moderate or minor bleeding: patient hemodynamically stable (eg. stable GI bleeding, epistaxis sub-conjunctival hemorrhage, dental bleeding, haemorrhoidal bleeding)

**Reason to believe patient receiving dabigatran (Pradaxa©):**
- □ PIP with recent fill date (if not recently filled - aPTT is elevated with no other explanation)
- □ Patient or accompanying individual report
- □ Pill bottle with recent fill date
Date/Time last dose dabigatran was taken if known ______________________________

**Confirm Screening Bloodwork done** and time drawn: ______________________________
- □ CBC
- □ aPTT
- □ DTT (dilute thrombin-time)
- □ Creatinine

**Administration by physician only:**
Give 5 grams of Idarucizamab IV in 2 doses as follows:
- Idarucizamab 2.5 g/50ml as IV bolus by physician (1st dose)
- Idarucizamab 2.5 g/50ml as IV bolus by physician (2nd dose) - within 15 min of initial dose

- □ Repeat aPTT ordered – no sooner than 15min after completion of 2nd bolus (to confirm reversal)

**Rarely should PCC be given.** Consult Hematology if combined use of Idarucizamab & PCC is considered.