



Blood and Transplant

AUDIT of REVERSAL of DOAC ASSOCIATED BLEEDING in TRAUMA PATIENTS

ID. Hospital Login (4 digit number)
name

This audit template should only be completed for patients presenting with trauma related bleeding.

For example, falls, penetrating injuries, accidents and road traffic accidents who at presentation were taking a DOAC

Note: some questions will appear depending on answers to previous questions

Name of Hospital

Q2 Please indicate if you are a.....

- Major Trauma Centre
- Trauma Unit
- District General Hospital **with** Accident and Emergency department
- District General Hospital **without** Accident and Emergency department
- Other facilities for dealing with trauma patients not indicated above

Please state name of facility

Q3 What is the gender of this patient at birth?

- Female
- Male

Q4 What is the age group of this patient?

- <18
- 18-30
- 31-50
- 51-70
- 71-90
- >90

Q5 Which DOAC was this patient taking?

- Dabigatran
- Rivaroxaban
- Apixaban
- Edoxaban

Q6 What is the indication for the DOAC (drag and drop into blue area, most important first if multiple indications)?

5 (Not
Applicable for
This Case)

	1	2	3	4	5 (Not Applicable for This Case)
VTE Prophylaxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VTE Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute Coronary Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7 Was the patient also on an antiplatelet agent?

Yes

No

Q8 If yes was this a dual antiplatelet agent?

Yes

No

Q9 Did THIS patient present with....(tick all that apply)

Head injury

Life threatening bleeding from other injuries

Haemoglobin drop >20g/L

Q10 Did this patient have co-morbidities that might have delayed a diagnosis of bleeding?

Yes

No

Maybe/not sure

Q11 What is the Glasgow coma scale at presentation?

3

< 8

15

Not recorded

Q12 What is the estimated time of the injury?

09:00 to 17:00 (Mon to Fri)

17:00 to 09:00 (out of hours Mon to Fri)

Weekend (inc Bank Holidays)

Q13 Time of arrival in Emergency Department

- Within 1 hour of injury
- Within 4 hours of injury
- Within 6 hours of injury
- Other

Please indicate how long to arrival if none of the above

Q14 Was a blood sample taken for point-of-care-testing (COAGCHECK, TEG/ROTEM)?

- Yes
- No

Q15 Please indicate the time of arrival in the Emergency Department to initial blood tests being taken (i.e. FBC/Clotting)?

- < 15 minutes
- < 30 minutes
- < 1 hour
- < 2 hours
- < 3 hours
- < 4 hours
- > 4 hours

Q16 Please indicate the time taken for FBC results to be authorised?

- < 15 minutes
- < 30 minutes
- < 1 hour
- < 2 hours
- < 3 hours
- < 4 hours
- > 4 hours

Q17 Please indicate the time taken for clotting results to be authorised?

- < 15 minutes
- < 30 minutes
- < 1 hour
- < 2 hours
- < 3 hours
- < 4 hours
- > 4 hours

Q18 Please indicate the time taken from arrival in the Emergency Department to a CT scan?

- < 15 minutes
- < 30 minutes
- < 1 hour
- < 2 hours
- < 3 hours
- < 4 hours
- > 4 hours
- Not applicable (didn't have a scan)

Q19 Please indicate the time taken from arrival in the Emergency Department to a first dose of Tranexamic Acid (TXA)?

- < 3 hours
- > 3 hours
- Contraindicated
- Not indicated
- Unable to find information

Q20 Was a second dose of TXA given?

- Yes
- No
- Contraindicated
- Not indicated
- Unable to find information

Q21 Was PCC indicated?

- Yes - given
- Yes - but not given
- No

Q22 Please indicate the time taken from arrival in the Emergency Department to PCC being given?

- < 1 hours
- 1 - 2 hours
- 2 - 3 hours
- > 3 hours
- Not indicated

Q23 Please indicate the time taken from arrival in the Emergency Department to antidote being given (e.g. Idarucizumab, Andexanet Alfa)?

- < 1 hours
- 1 - 2 hours
- 2 - 3 hours
- Not indicated
- Indicated but omitted

Q24 Was treatment with PCC/antidote commenced before results were available?

- Yes - PCC
- Yes - Antidote
- No - PCC
- No - Antidote

Q25 Was this patient transfused with Red Blood Cells; If yes how many?

- Yes
- No

State how many units were transfused?

Q26 Was this patient transfused with platelets; if yes how many?

- Yes
- No

State how many platelets were transfused?

Q27 Was this patient transfused with FFP?

- Yes
- No

State how many units were transfused?

Q28 Was this patient transfused with Cryoprecipitate?

- Yes
- No

State how many units were transfused

Q29 Please insert your email below (to be used only if we need to contact you about this patient)

Thank you for completing details for this case. You will be directed to a new form for the next patient once you save or submit the current one

For any queries, please contact, in the first instance:

Sue Katić (Tuesday/Wednesday)

sue.katic@nhsbt.nhs.uk

Grace Brennan (Monday/Thursday/Friday) -

grace.brennan@nhsbt.nhs.uk