

Hospital Number:

NHS Number:

Patient Name:

Date of birth:

Direct Oral Anticoagulant (DOAC) counselling checklist (adults):
(apixaban, dabigatran, edoxaban, rivaroxaban)

This patient has been counselled on the following areas of DOAC therapy by a member of the healthcare team

	Counselling points	Sign / Comment
1	What is anticoagulation	
2	Indication for DOAC (therapeutic or prophylactic dose) (see overleaf)	
3	If relevant (e.g. if switching from warfarin/LMWH) advantages and disadvantages of DOAC compared to alternatives – see overleaf)	
4	Expected duration of therapy (check with referrer if unclear)	
5	How to take: including dose, frequency, timing (aim to take at the same times each day; aim for 12 hourly for BD schedules) <ul style="list-style-type: none"> Rivaroxaban: take with food to maximise absorption (mandatory for 15mg/20mg doses) Apixaban and edoxaban can be taken with/without food. Dabigatran: take with food to minimise indigestion and with a full glass of water. Capsules must NOT be opened or chewed and must NOT be removed from original packaging; do not transfer to 'dosette' box. 	
6	Importance of adherence and persistence with treatment: <ul style="list-style-type: none"> Fairly rapid fall in drug levels (and therefore loss of effectiveness) if poorly compliant Ways of remembering to take the tablets/capsules e.g. calendar / phone Do not stop treatment unless discussed with doctor or the course is complete (e.g. post hip/knee surgery) 	
7	What to do if a dose is missed - <i>If unsure, talk to healthcare provider</i> <ul style="list-style-type: none"> Try not to miss a dose. If a dose is missed take it as soon as possible. Do not take a double dose (<i>*but see below for rivaroxaban and acute VTE</i>) Once daily dosing: take within 12 hours of missed dose, if more than 12 hours, omit the dose and then continue at the usual time. Alternatively, take the dose as soon as remembered and then approximately 24 hourly thereafter (i.e. adjust the time of administration) Rivaroxaban 10mg once daily (prophylaxis): take the dose as soon as remembered and then continue the following day with once daily. Twice daily dosing: take within 6 hours of missed dose, if more than 6 hours, omit the dose and then continue at the usual time. <p><i>*Rivaroxaban 15mg twice daily (acute VTE): take one tablet as soon as remembered. Do not take more than two 15mg tabs in a single day (but can take 2x15mg at the same time to make a total of 30mg on one day). Continue with 15mg twice daily the following day.</i></p>	
8	Extra dose taken accidentally? Contact doctor or healthcare team; be aware of signs of bleeding	
9	Side effects and what to do if experienced (see overleaf) <ul style="list-style-type: none"> Signs/symptoms of excess anticoagulation When to seek urgent medical attention 	
10	Potential for drug interactions: <ul style="list-style-type: none"> Patient to always let their doctor/dentist/pharmacist/nurse know that they are on anticoagulation (includes immunisations) Avoid over the counter medicines containing aspirin* (e.g. flu remedies), NSAIDs (e.g. ibuprofen, naproxen, diclofenac) or herbals. Paracetamol is the preferred analgesic. Avoid herbal medications (unknown interactions) <p><i>*Unless prescribed for ACS/PVD/CAD. The HCP must discuss any proposed/concurrent antiplatelet agent with referrer (+/- haematologist), as significantly ↑ risk of major bleeding with concurrent use. If aspirin or clopidogrel are unavoidable, consider using DOAC with lowest GI bleeding risk (e.g. apixaban for AF, VTE) and add PPI cover. Avoid use with prasugrel / or ticagrelor.</i></p>	
11	Alcohol intake (see overleaf)	
12	Importance of reliable contraception in women of childbearing age and need to seek urgent medical advice in case of unexpected pregnancy (DOACs cross placenta). Do not breastfeed.	
13	Procedures (including day surgery /dental/ chiropractic treatments etc) and hospital admissions	
14	Leisure activities; avoid contact sports in case of head injury/falls/bruising/bleeding. Any significant head injury, even if consciousness is not lost, requires attendance at the emergency department for a head scan.	
15	Monitoring (e.g. renal function, FBC and LFT), how often and by whom (see overleaf)	
16	Who to contact for advice/ further information. Confirm the follow up plan (see overleaf)	
17	How to obtain further supplies – if applicable, do not run out of DOAC (see overleaf)	
18	<ul style="list-style-type: none"> Supply appropriate DOAC patient information booklet (e.g. NHS generic 'Orange' book) Supply completed DOAC alert card / yellow NPSA alert card – patient to carry at all times. 	
19	Recheck patient's understanding of the above points	

Counselled by: (Sign and print name) Designation: Date

Patient's signature: Date

Additional counselling information for DOACs (apixaban, dabigatran, edoxaban, rivaroxaban)

2. Indication:

- Prevention of stroke and systemic embolism in adult patients with non-valvular AF (NVAf)
- Treatment of DVT/PE in adults and prevention of VTE recurrence
- Primary prevention of VTE after hip or knee surgery or some cancers (e.g. myeloma – off-label)
- Acute coronary syndrome / coronary artery disease / symptomatic peripheral artery disease at high risk of ischaemic events

3. **Advantages (vs. warfarin):** fixed dose, INR monitoring not required, more stable anticoagulation if taken reliably, generally favourable major bleeding profile overall, lower incidence of intracranial haemorrhage, less drug/diet interactions, easier to manage around surgery/procedures

Disadvantages (vs. warfarin): not appropriate for all patients (e.g. mechanical heart valves, extremes of body weight, renal impairment, certain drug interactions), higher incidence of GI side-effects (dabigatran, rivaroxaban, edoxaban); drug levels fall more rapidly than with warfarin. Specific reversal agent available for apixaban/rivaroxaban for life threatening or uncontrolled GI bleeding (as per NICE TA 697 2021) and dabigatran. No specific antidote for edoxaban (but bleeding related to DOACs can be managed by other measures)

9. Side effect

What to do if experienced

Bloody/black tarry stools Coughing/vomiting up blood Bloody urine Nose bleeds (lasting >20-30 mins, or if patient does not usually suffer from nose bleeds) Severe or spontaneous/ unexplained bruising Unusual headaches Excessive vaginal bleeding Cuts that take >20 mins to stop bleeding Blood shot eye	Seek medical attention
Any other side-effects e.g. gastrointestinal	GP/anticoagulation clinic
Involved in major trauma Any significant head injury, even if consciousness is not lost Unable to stop bleeding	Urgently attend the local Emergency department

11. **Alcohol:** Excess alcohol consumption / binge drinking not advised, due to risks of alcohol associated injuries (e.g. head injuries) and chronic liver disease (which may affect coagulation); at higher risk of GI bleeding.
12. **Contraception, pregnancy, hormone replacement therapy, breastfeeding** (if relevant): Women should not become pregnant whilst taking DOAC. Reliable contraception is required. For women with current or PMH VTE, oestrogen containing preparations are generally avoided (progesterone only preparations are preferred). Women taking a DOAC and who may be pregnant, should be switched urgently to low molecular weight heparin and referred for urgent review by a haematology consultant or obstetrician, for discussion re potential implications. If planning to become pregnant, then patient should discuss with GP for onward referral to a haematologist to be advised on switch to alternative anticoagulant BEFORE conception. The drug companies advise against breastfeeding whilst taking a DOAC
13. **Surgical procedures** (including dental treatment) **and hospital admission:** patient must inform healthcare professional that s/he is taking DOAC especially as:
- patient will need management of anticoagulation around procedures and
 - VTE thromboprophylaxis (e.g. LMWH) is often prescribed on admission to hospital.
15. **Monitoring:** dose will need to be reduced or stopped if renal function deteriorates. Frequency of monitoring usually depends on the level of renal function (but also other parameters); may vary from minimum 3 monthly (more frequently if potentially brittle renal function) to 6-12 monthly. Also, FBC (when renal function checked) and LFTs (minimum annually).
16. **Obtaining further advice:** local Anticoagulation Clinic, specialist nurse, GP, hospital pharmacy Medicines Information department or Emergency department (emergency only)
17. **Further supplies** of DOAC (as applicable) from the hospital (or GP once care transferred). Do not run out of supplies, especially when on holiday