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NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Adult Patient Counselling Checklist – Direct Oral Anticoagulants (DOACs)

Attach addressograph here **Patient name:** ..... **D.O.B:** ..... **NHS number:** ..... **Address:**	*The following checklist should be completed when counselling a patient on a **direct oral anticoagulant (DOAC)**. Please **tick** the boxes below to indicate that information has been given to the patient. This form should be signed by the patient and the accredited member of staff providing the counselling.*

CIRCLE the name of drug/DOAC: generic and brand name

Apixaban[1] **Rivaroxaban**[2] **Dabigatran**[3] **Edoxaban** (brand name Lixiana®)[4]

Dose: ..... **Frequency:** ..... **Indication:** .....

Duration of treatment (depends on indication): .....

Counselling points	Tick
If switching from another anticoagulant: Ensure BNSSG Guidance on switching between oral anticoagulants[7] is followed and the patient appropriately counselled on **when to stop their current anticoagulant.**	
Issue alert card and DOAC patient information leaflet: To be carried with patient at all times and shown to health care professionals when new medication is prescribed, or treatment given. Patient details, medication details and treatment duration must be on the alert card. (In general practice/primary care an editable anticoagulant alert card can be found on EMIS).	
Explain purpose of anticoagulant and indication for Direct Oral Anticoagulant (DOAC): DOACs prevent blood clots from forming in the blood vessels by making the blood take longer to clot. The new oral anticoagulants (**DOACs**) can be used for treatment if patients: • **already have a blood clot**, for example a **deep vein thrombosis (DVT)** or **pulmonary embolism (PE)**; • are **at risk of having a blood clot (prevention)** for example **Atrial Fibrillation (AF)** or **following surgery** to replace a hip or knee or prophylaxis of atherothrombotic events in patients with **coronary artery disease (CAD)** or symptomatic **peripheral artery disease (PAD)** at high risk of ischaemic events.	
Duration of treatment: confirm length of treatment, this will depend on the indication	
Administration/explanation of dose/importance of adherence/missed dose[1,2,3,4,5]**:** • Strength, frequency, and timing of doses. • It is important that the patient continues to take the anticoagulant as prescribed and does not miss any doses. **Patients must not stop taking anticoagulant unless advised to do so by a healthcare professional. Not adhering to anticoagulant treatment may put patients at risk of blood clot, mini stroke or stroke which could be fatal.**	
Counsel for the appropriate medicine ONLY: **Apixaban**[1] ○ Swallow whole with water, take with or without food. ○ If unable to swallow the tablets whole, the tablet may be crushed and mixed with water, apple juice or apple puree immediately prior to taking. ○ Take at roughly the same time each day. ○ For **AF**: **5mg twice a day** is the normal dose. A lower dose of **2.5mg twice a day** is used for some patients. ○ For **DVT** or **PE**: 10mg twice a day for 7 days then reduce to 5mg twice a day. Following completion of 6 months treatment for DVT or PE, a lower dose of 2.5mg twice a day can be used for prevention of DVT or PE. ○ **Missed dose:** Take the dose immediately then continue with twice daily administration as before. A double dose should not be taken to make up for a missed tablet. **Rivaroxaban**[2,9] ○ Take with food, swallowed whole with water during mealtimes. If unable to swallow the tablets whole, the tablets may be crushed and mixed with water immediately prior to taking.	

- Take at roughly the same time each day.
- For **DVT** or **PE**: **15mg twice a day for 21 days** then reduce to **20mg once a day** (once daily dose will depend on renal function)
- For **AF**: **20mg once a day** is the normal dose. A lower dose of **15mg once a day** is used for some patients.
- **Prevention of VTE** in patients undergoing **elective hip or knee replacement surgery: 10mg once a day**.
- **Missed dose ONCE a day:** take as soon as remembered. Do not take more than one tablet in a single day. Carry on with usual dose the following day.
- **Missed dose 15mg TWICE a day:** take dose as soon as remembered or take two 15mg tablets at once. Do not take more than two tablets in a day. Carry on with usual dose the following day.
- For **PAD** or **CAD**: **2.5mg twice a day** together with Aspirin 75mg once a day.
- For **prophylaxis of atherothrombotic events following an acute coronary syndrome with elevated cardiac biomarkers: 2.5mg twice a day (in combination with aspirin alone or aspirin and clopidogrel)**
- **Missed dose 2.5mg TWICE a day**: continue with regular dosing at the next scheduled time. Do not double up to make up for missed dose.
- **Driving or operating machinery:** Rivaroxaban may cause dizziness (common) or fainting (uncommon). You should not drive or operate machinery if you experience any symptoms. See your GP for further advice

Dabigatran[3]

- Swallow whole with water, take with or without food.
- Take at roughly the same time each day.
- Refer to prescription for dose details. Explain dose and number of times a day to patient.
- Capsules to be left in the original containers until ready to take (do not put in dosette/pill boxes)
- Peel off backing foil to expose capsule (do not push through)
- Do not open capsule as can increase risk of bleeding.
- For **Prevention of stroke and systemic embolism in adult patients with NVAF with one or more risk factors: 300 mg dabigatran etexilate** taken as **one 150 mg capsule twice daily.** A lower daily dose of **220 mg dabigatran etexilate taken as one 110 mg capsule twice daily** is used for some patients following an individual assessment of the thromboembolic risk and the risk of bleeding.
  For **Treatment of DVT and PE and prevention of recurrent DVT and PE in adults (DVT/PE): 300 mg dabigatran etexilate** taken as **one 150 mg capsule twice daily** following treatment with a parenteral anticoagulant for at least 5 days. Dabigatran and initial parenteral anticoagulant should not be administered simultaneously.
  A lower daily dose **of 220 mg dabigatran etexilate taken as one 110 mg capsule twice daily** is used for some patients following an individual assessment of the thromboembolic risk and the risk of bleeding.
- **Missed dose ONCE a day:** continue with regular dose the next day. Do not take more than one dose in a single day.
- **Missed dose TWICE a day:** if **less than 6 hours** until next dose then omit and continue with scheduled dose. If **more than 6 hours** until next dose, take at once.

Edoxaban (Lixiana®)[4]

- Swallow whole with water. Take with or without food.
- Take at roughly the same time each day.
- For **AF**: **60mg once a day** is the normal dose. A lower dose of **30mg once a day** is used for some patients.
- For **DVT** or **PE**: **60mg once a day** following initial use of parenteral anticoagulant for at least 5 days. Edoxaban and initial parenteral anticoagulant should not be administered simultaneously.
  A lower dose of **30mg once a day** is used for some patients.
- **Missed dose:** take as soon as remembered. Do not take more than one tablet in a single day to make up for missed doses. Carry on with the usual dose the following day.

If incorrect dose taken: Obtain advice immediately from pharmacist/GP/NHS Direct (111)/anticoagulant clinic

Repeat prescription: do not run out of tablets or capsules and always have at least a week's supply. Repeat prescriptions can be obtained from GP practice.

Explain common and serious side effects and when to refer:

- The most serious side effect of anticoagulants is bleeding. This can include:
  • nose bleeds • blood in vomit or coffee ground vomit • blood in sputum • blood in urine (red, pink or brown) • blood in stools (red or black) • severe or spontaneous bruising.
- Seek medical attention if patient develops bleeding side effects.
  - **Unexplained bruising – inform GP**
  - **Single/self-terminating bleeding episode – routine appointment with GP**
  - **Prolonged/recurrent/severe bleeding/head injury – A&E**
- If bleeding occurs/patient cuts themselves, apply pressure using a clean, dry dressing. It will take longer for bleeding to stop when taking an anticoagulant.

• Emphasise the need to seek medical attention if involved in major trauma, suffer a significant blow to the head, experience unusual or sudden severe headache, unable to stop bleeding, take too much of the anticoagulant medication.	
Interactions with other medicines: • Always remind prescriber you are taking an anticoagulant and check with pharmacist or doctor to ensure any newly prescribed or altered medication is compatible with anticoagulant. • Always check before buying OTC and/or online medicines, alternative medicines, herbal medicines, *certain* herbal teas or supplements. • **Do not take aspirin or anti-inflammatory painkillers (e.g., ibuprofen) unless advised by your doctor.**	
Monitoring and review: Review of treatment and blood tests (kidney function, liver function tests and full blood count) at least once a year or more frequently if required. This will be performed by your GP practice. Patient information booklets on direct oral anticoagulants (DOACs) are available and include a section for recording kidney function - Healthcare staff providing anticoagulation services can access the resources via NHS Forms or Primary Care Support England (PCSE). Information on accessing resources for patients on high risks medicines (including anticoagulants) can be found on the Specialist Pharmacy Services website. Regular INR monitoring is not required for DOACs.	
Inform all medical staff that they are taking a DOAC: (e.g., GP, nurse, dentist, pharmacist) i.e., prior to surgery. Patients will need to be advised if anticoagulant needs to be omitted temporarily.	
Injury: where possible avoid risks of falls/injury. Do not take part in contact sports, minimise risk of harm from manual work. Use a soft toothbrush, an electric razor and gloves when gardening.	
Alcohol: No interaction with alcohol but staying within the recommended national guidelines of up to 2 units a day is advised – due to the risk of falls with excessive alcohol consumption.	
Pregnancy: It is not recommended to take a DOAC during pregnancy as effect on unborn child is not known. Undertake a pregnancy test if patient is unsure if they are pregnant. Patients should use reliable contraceptives and discuss plans for future pregnancy with their doctor before trying to conceive. If the patient becomes pregnant while taking a DOAC, they should immediately tell their doctor, who will advise on the best treatment options (usually, women would be using Low Molecular Weight Heparin (LMWH)).	
Breastfeeding: DOACs are not recommended while breast feeding. Advise patients to seek advice if they wish to commence breast feeding.	
Periods: Patients may experience heavier periods, discuss with GP.	
Give patient the opportunity to ask questions. If unsure seek advice from doctor/pharmacist.	
Queries and Support: Where **patients** have queries about their DOACs they should speak to their GP or Specialist in the first instance. Where **clinicians** need additional support, contact details for Anticoagulation Teams: • Anticoagulant Clinic **UHBW: 0117 342 3874** • Anticoagulant Clinic **NBT: 0117 414 8405** Medicines Information Teams: • **NBT** — please use Care flow Connect platform where available, alternatively please email your enquiry to Medicines.Information@nbt.nhs.uk • **UHBW** - please use Care Flow Connect platform • **Sirona medicines advice** -please use SIRCH.pharmacist@nhs.net (telephone number 07970 778499 which is open Monday – Friday 9am – 4pm (excluding bank holidays) • **Spire Bristol pharmacy** via bristolhosppharmacyteam@spirehealthcare.com	

Sign and date DOAC counselling checklist with patient/representative:

Patient Information Leaflet, Alert Card (editable anticoagulant alert card also available on EMIS GP IT system) and counselling completed by

Print Name: ..... ***Sign:*** .....***Role:*** ..... ***Date:*** ...../...../.....

To be completed by Patient or Guardian (where appropriate)

I confirm that I have received and understand the information in the patient information leaflet. If at any point I am unsure about the information provided or about any other aspect of my treatment with an oral anticoagulant I will seek advice from either my doctor or pharmacist.

Print Name: …… ***Sign:*** …… ***Date……/……/……***

File checklist in patient's records	

References

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