

## DOAC patient counselling checklist

The following should be discussed with all patients started on oral anticoagulation and should be documented in the patient record.

Patient information given	√
Explain purpose.	
Dose and frequency.	
Timing of doses. Ensure that rivaroxaban is taken with food.	
Duration of treatment.	
Importance of compliance and what to do if doses are missed – see patient information leaflet	
Explain serious side effects <ul style="list-style-type: none"> <li>Bleeding - Seek urgent medical attention if patient develops severe bleeding, e.g. blood in faeces, vomit or sputum, vaginal bleeding.</li> <li>Advise to seek urgent medical attention if they fall or injure themselves during treatment, especially if they hit their head, due to the increased risk of bleeding.</li> <li>Unusual headaches.</li> </ul>	
Need to inform medical staff that they are taking DOAC if prescribed new medications or surgery /or if invasive procedures (including dental extractions) being planned. Bleeding risk if DOAC started immediately post op.	
Possible interactions with other drugs including herbal remedies - advise patient to read patient information leaflet and discuss with pharmacist or doctor before taking any over the counter remedies.	
Avoid aspirin or NSAIDs (unless clinically indicated).	
Advise patient to seek advice if planning to become pregnant or breastfeed.	
Referral to Community Pharmacy New Medicines Service (NMS) – suitable for patients prescribed anticoagulants for the first time.	
Monitoring and review: review of treatment and blood tests at least once a year but may be more frequent for some patients. Monitoring requirements: See Guidelines for oral anticoagulation of patients with non-valvular atrial fibrillation to prevent stroke in adults	
Alert card and patient information given.	

<b>Version</b>	2.0 Harmonisation of West Essex guidance and HMMC guidance, updates include: <ul style="list-style-type: none"> <li>Rebadged from HVCCG, ENHCCG and WECCG to HWE ICB and replaced NOAC with DOAC, current accepted naming convention</li> </ul>
<b>Developed by</b>	Document developed in consultation and collaboration with East of England Priorities Advisory Committee
<b>Date ratified</b>	V1.0 – March 2022 (Hertfordshire Medicines Management Committee) and April 2022 (West Essex Medicines Optimisation Programme Board)
<b>Review date</b>	This recommendation is based upon the evidence available at the time of publication and will be reviewed upon request in the light of new evidence becoming available.