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|------------|-----------------|
| First name | Surname |
| DOB | Hospital number |
| NHS No. | |

NOAC Counselling Checklist for use on wards

- ☐ Explain patient's reasons for taking anticoagulation and give appropriate leaflet relating to that condition. (*Indication should be stated on the prescription chart*)
- ☐ Complete all details on the Anticoagulant Alert Card. Advise patient to carry anticoagulation alert card with them & show it to anyone treating them (doctor, dentist, nurse or pharmacist)
- ☐ Inform patient of the length of treatment (*check notes first, or use table as a guide only. If unsure check with ward pharmacist or advise patient to confirm with prescriber on discharge*)
- ☐ Explain when to take tablets & what to do if a dose is missed (*see table*)
 - Rivaroxaban should be taken with food to aid absorption
- ☐ Adherence – Explain it is important to take the tablets regularly as advised at the same time each day and **not** to stop taking without first discussing with GP
- ☐ Side effects (bleeding and bruising). *Refer patient to manufacturers PIL in box for full list of side effects.*
 - See GP immediately or attend emergency department if any signs of bleeding/bruising (Blood in vomit, sputum, stools or urine, severe or unusual headache, uncontrolled bleeding or excessive bruising)
- ☐ Driving – advise patient not to drive if ability to drive is impaired (e.g. due to dizziness).
- ☐ Explain NOACs do not have a specific antidote to reverse the effects of severe bleeding but the symptoms of bleeding can be managed in hospital. (*NOACs are cleared relatively quickly from the body*)
- ☐ Drug interactions – Advise patient to check with pharmacist or doctor before taking any new medications or supplements (including herbal medications & multivitamins)
- ☐ Pain management – Paracetamol is safe to take with anticoagulants, but AVOID anti-inflammatory analgesics (e.g. Ibuprofen, Aspirin) unless advised by GP
- ☐ Alcohol – as per national guidelines; not to exceed 2-3 units per day for women or 3-4 units for men
- ☐ Pregnancy - avoid as the effects of NOACs in pregnancy unknown. (*If currently pregnant or planning pregnancy to inform doctor straight away to discuss an alternative anticoagulant*)
- ☐ Explain that further prescriptions should be obtained from their own GP
 - May be eligible for NMS with community pharmacist - *Hospital referral required.*
- ☐ Dental treatment - tell dentist they are on an anticoagulant before any dental treatment.
- ☐ Surgery and invasive procedures – pre-op advice will be given about stopping treatment prior to surgery or procedure if required. If admitted to hospital not to have dalteparin /enoxaparin s/c inj
- ☐ Alternative therapies (e.g. massage, reflexology, chiropody) - tell therapist they are on an anticoagulant.

DVT patients only

- ☐ Anti-embolism stockings - if not contraindicated. Have Class 2 European/Class 3 British (ankle pressure >23mmHg) stockings been prescribed? *If not prescribed, check with ward pharmacist*
- ☐ Advise patients who have been prescribed anti-embolism stockings the following;
 - Stockings should be worn for 2 years to prevent post thrombotic syndrome
 - New stockings should be prescribed by GP 2-3 times per year.
 - Advise patient to check skin condition regularly for skin breaks, soreness or numbness – if occurs to remove stocking and seek advice from GP
 - Is the patient/carer able to remove and replace stockings?
- ☐ Advise patient to seek medical advice if experience breathlessness on exertion, coughing up blood, chest pain.

Sign to confirm all the above information relating to NOAC therapy has been explained to the patient and trust patient information leaflet and manufacturers' information leaflet (where available) has been given to the patient.
Specify PIL given here..... Insert this sheet into patient notes on completion.

Counselled by (PRINT) Sign Bleep Date.....

| Drug / Indication | Dose | Length of treatment | Missed Dose Guidance |
|---|--|--|---|
| RIVAROXABAN | | | |
| *Treatment of DVT or PE | Day 1-21 – Take 15mg TWICE daily From day 22 - Take 20mg ONCE daily Reduce dose to 15mg ONCE daily if <ul style="list-style-type: none">• CrCl 15-49mL/min• OR consider if bleeding risk outweighs risk of recurrent VTE | Usually 3-6 months | Day 1-21 , take as soon as remember, if necessary can take two doses together. From day 22 take as soon as remember if the same day. Do not double up next day. |
| Prophylaxis of stroke in AF | 20mg ONCE daily Reduce dose to 15mg once daily if <ul style="list-style-type: none">• CrCl 15-49mL/min | Usually lifelong | Take as soon as remember if the same day. Do not double up next day. |
| Prevention of atherothrombotic events in ACS | 2.5mg TWICE daily (CrCl >30mL/min) | Usually 12 months | |
| Prevention of VTE post hip/knee surgery | 10mg ONCE daily (CrCl >30mL/min) | 5 weeks (hip) 2 weeks (knee) | |
| APIXABAN | | | |
| *Prophylaxis of stroke in AF | 5mg TWICE daily Reduce dose to 2.5mg TWICE daily if <ul style="list-style-type: none">• CrCl 15-29mL/min,• OR if serum creatinine ≥133 micromol/litre AND age ≥80 years OR body weight ≤60kg. | Usually lifelong | Take as soon as remember if no more than 3 hours late, then continue twice daily intake as usual. Do not double up next dose. |
| *Prevention of recurrent DVT or PE | 2.5mg TWICE daily (CrCl >30mL/min) | Usually lifelong following 6 months treatment dose | |
| Treatment of DVT or PE | Day 1-7 - dose 10mg TWICE daily From day 8 – dose 5mg TWICE daily (CrCl >30mL/min) | Usually 3-6 months | |
| Prevention of VTE post hip / knee surgery OR lower limb injury [unlicensed] | 2.5mg TWICE daily (CrCl >30mL/min) | 32-38 days (hip) 10-14 days (knee) Usually 6 weeks or until weight bearing (lower leg injury) | |
| DABIGATRAN | | | |
| Treatment of DVT or PE and prophylaxis of recurrent DVT and PE | 150mg TWICE daily Reduce dose to 110mg twice daily if <ul style="list-style-type: none">• Age > 80 years• OR concomitant verapamil Consider lower dose of 110mg twice daily if <ul style="list-style-type: none">• age 75-80,• OR with moderate renal impairment,• OR at increased risk of bleeding | Usually 3-6 months | Take as soon as remember but no later than 6 hours before next dose |
| *Prophylaxis of stroke in AF | 150mg TWICE daily Reduce dose if patient group as above | Usually lifelong | |
| Prevention of VTE post hip/knee surgery | 110mg (first dose only) then 220mg ONCE daily Reduce dose if renal function <50mL/min, OR age >75 years, OR receiving concomitant amiodarone or verapamil. See BNF for advice. | 27-34 days (hip) 9 days (knee) | |

*Hospital choice of drug currently rivaroxaban for treatment of DVT/PE or apixaban as prophylaxis of stroke in AF and prevention of recurrent DVT/PE (& occasionally dabigatran for AF)