10 ways to be prepared to treat patients on direct oral anticoagulants (DOACs)

1. **Learn the names of DOACs.**
2. **You CANNOT** stop bleeding in patients on DOACs the same way you can for patients on warfarin (Coumadin®) and heparin.
3. **Reversal agents** for DOACs are not as well-known as those for warfarin and heparin — and they may not be available in all care settings.
4. Some DOACs have **NO** FDA-approved reversal agent at this time, so patients on these DOACs need to be assessed according to guidelines on the management of DOACs.
5. **Avoid therapeutic duplication.** Because not all providers are familiar with all DOACs, they may accidentally prescribe a second anticoagulant. Also, patients may not recognize these drugs as anticoagulants and may not be able to identify them when questioned.
6. **Assess bleeding risk** before surgery and outpatient procedures.
7. Communicate the specifics of a patient’s DOAC at transitions of care.
8. Follow **evidence-based practice guidelines** for baseline and ongoing laboratory tests to ensure that patients on a DOAC are monitored and dosed appropriately.
9. Include the DOAC’s **indications for use** on the patient’s prescription, in the instructions for the patient, and in the electronic medical record (EMR).
10. **Educate patients and families about DOACs.** Patients may not fully understand the risks of the specific DOAC prescribed for them. Patients on DOACs should know:
    - Their medication dose and schedule.
    - Importance of follow-up appointments and laboratory testing, if needed.
    - Potential drug-drug, drug-herb/supplement and drug-food interactions.
    - Potential for adverse drug reactions and how adverse reactions present.
    - When to contact the doctor or visit the emergency department.

DOACs include:
- Apixaban (Eliquis®)
- Betrixaban (Bevyxxa®)
- Dabigatran (Pradaxa®)
- Edoxaban (Savaysa®)
- Rivaroxaban (Xarelto®)

For more information, see Sentinel Event Alert Issue 61, "Managing the risks of direct oral anticoagulants.”

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