

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



Anticoagulants are the No. 2 top medications involved in error incidents causing death or serious harm.



Risks for patients on DOACs can be avoided with appropriate and timely treatment.

- Learn the names of DOACs.**
- You **CANNOT** stop bleeding in patients on DOACs the same way you can for patients on warfarin (Coumadin®) and heparin.
- 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.
- 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.
- 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.
- Assess bleeding risk** before surgery and outpatient procedures.
- Communicate the specifics of a patient's DOAC at **transitions of care.**
- Follow **evidence-based practice guidelines** for baseline and ongoing laboratory tests to ensure that patients on a DOAC are monitored and dosed appropriately.
- 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).



DOACs include:



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



- 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.