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.

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.

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

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