

## • Physician or clinic coordinating NOAC treatment

Name of physician: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. : \_\_\_\_\_

## • Emergency information

In case of an emergency, please contact the relative(s) of the patient or the following person:

Name: \_\_\_\_\_

Tel. : \_\_\_\_\_

Name: \_\_\_\_\_

Tel. : \_\_\_\_\_

## • Important patient instructions

- A non-vitamin K antagonist anticoagulant (NOAC) thins the blood and reduces the risk of getting dangerous blood clots.
- Not taking the drug means no protection!
- Take your drug exactly as prescribed (once or twice daily).
- Do not skip a prescribed dose to ensure optimal protection from blood clots and stroke!
- Do not stop your medication without consulting your physician.
- After a trauma or bleeding event, consult with your physician regarding further management
- Do not add any other medication without consulting your physician, not even short-term painkillers that you can get without prescription.
- Alert your dentist, surgeon or other physician before an intervention.

**It is important to carry this card with you at all times. Please show this card to every physician, dentist, pharmacist or other healthcare providers.**

## • What to do in certain occasions

### **When should I contact a healthcare provider?**

Bleeding is the most common side effect of an anticoagulant. However, the reduction in the risk for stroke outweighs the bleeding risk. Contact your healthcare provider if you have any signs or symptoms of bleeding such as:

- Unusual bruising, nosebleeds, bleeding of gums, bleeding from cuts that take a long time to stop
- Menstrual flow or vaginal bleeding that is heavier than normal
- Blood in urine, red or black stools
- Coughing up blood or vomiting blood
- Dizziness, paleness or weakness

### **What should I do if I missed a dose?**

You should still take that dose, unless the time until your next dose is less than the time after your missed dose.

### **What if I accidentally took two doses?**

- Twice daily NOAC: you can opt to forgo the next planned dose and restart after 24 h.
- Once daily NOAC: you can continue the normal regimen without skipping a dose.

## • Information for healthcare providers

- NOACs act as a direct thrombin inhibitor (dabigatran) or direct factor Xa inhibitor (apixaban, edoxaban, rivaroxaban).
- Check contraindications for NOACs: mechanical heart valve; rheumatic mitral stenosis; severe kidney dysfunction.
- Standard tests (such as INR, PT or aPTT) do not quantitatively reflect level of anticoagulation.
- In case of major bleeding events, NOAC should be stopped immediately.
- For certain procedures, NOAC should be stopped in advance (for timing see NOAC Practical Guide).

## • Recommended follow-up

### **Check each visit:**

1. Adherence (pt. should bring remaining meds)
2. Thromboembolic events
3. Bleeding events
4. Other side effects
5. Co-medications / over-the-counter drugs
6. Need for blood sampling
7. Modifiable risk factors
8. Optimal NOAC and correct dosing

(see [www.NOACforAF.eu](http://www.NOACforAF.eu) for more information)

## Concomitant medication

Name:	Dose:

Concomitant antiplatelet(s): type, indication, start & stop dates:

\_\_\_\_\_

\_\_\_\_\_

## Information for healthcare providers

### Blood sampling follow-up

- Blood sampling:**
- **Routine monitoring of anticoagulation level is not required**
  - **Yearly:** Hb, renal and liver function
  - **If  $\geq 75$  years (especially if on dabigatran or edoxaban), or frail:** 6-monthly renal function
  - **If  $\text{CrCl} \leq 60$  ml/min:** recheck interval in months = "CrCl:10" (e.g., every 4 months if CrCl = 40)
  - **If intercurrent condition that may have impact:** renal and/or liver function

Date	Serum creatinine	Creatinin clearance	Hemo-globin	Liver tests

## Planned or unplanned visits

Provide: date,site (GP, cardiologist, clinic, pharmacist,...) visits and to-dos or findings.


## Atrial Fibrillation Oral Anticoagulation Card

for non-vitamin K antagonist oral anticoagulants (NOACs)

Name of patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Oral anticoagulant: \_\_\_\_\_

Dosing: \_\_\_\_\_

Timing: \_\_\_\_\_

With or without food: \_\_\_\_\_

Started on: \_\_\_\_\_