

DOAC – Direct Oral Anticoagulant Education Plan

The DOAC I am taking is: _____

(DOACs include: Apixaban, Betrixaban, Dabigatran, Edoxaban, or Rivaroxaban)

What I Need to Learn About a DOAC (Blood Thinner)

By the time I leave the hospital I will be able to show or tell the staff:

1. Why I am taking a DOAC.
2. How I should take my DOAC.
3. The safety issues of taking a DOAC.
4. How I can help prevent blood clots.
5. Who will be managing my DOAC after I leave the hospital.

The staff will use three questions to teach me about this DOAC

1. What is my main problem?
2. What do I need to do?
3. Why is this important to me?

The staff will ask me to repeat back important points in my own words, or ask me to show what I have learned. They want to make sure that I know about my medicine and how to take it safely and correctly.

What is my main problem?

I am taking a DOAC because _____

DOACs work by thinning blood. A DOAC can be used for different reasons:

- To prevent a blood clot after surgery.
- To prevent a stroke.
- To treat a blood clot.

What do I need to do?

- I will be able to tell the staff how I should take my DOAC.
- It is important to take this medicine as prescribed around the same time(s) each day.
- I will NOT take 2 doses at the same time.
- Food affects DOACs in different ways.
 - I should take my DOAC with food.
 - I do not have to take my DOAC with food.
 - I need to take my DOAC on an empty stomach.

- Some DOACs cannot be crushed. I will check with my pharmacist to be sure.
 - I cannot crush my DOAC.
 - I can crush my DOAC.
 - Other details to know when taking my DOAC:
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I will be able to tell the staff the safety issues and side effects of my DOAC.

- Bleeding
 - I will watch for signs of bleeding, such as nose bleeds, bruises that won't go away, cuts and nicks that don't stop bleeding or blood in the urine.
 - These side effects are very serious. If any of these happen, I will call my doctor right away.
 - Red, dark, coffee or cola colored urine.
 - Bowel movements that are red or look like black tar.
 - Bleeding from the gums or nose that does not stop quickly.
 - Vomit that is coffee-colored or bright red.
 - Coughing up blood.
 - Sudden appearance of bruises for no reason.
 - Menstrual bleeding that is much heavier than normal.
 - A cut or nose bleed that will not stop bleeding within 10 minutes.
 - Severe headache.
 - A serious fall or hit on the head.
 - Dizziness, numbness, tingling, or weakness.
 - Chest pain or shortness of breath.
 - Symptoms of a stroke.
 - I will be careful using sharp objects.
 - I will not take risks that could result in injury.
- Tell others I am taking a DOAC.
 - I will make sure my dentist and other doctors know I am taking a blood thinner and am at risk for bleeding.
 - I will tell my family that I am taking a DOAC.
- Managing my medicine
 - I will carry an up-to-date medicine list with me at all times.
 - I will check with my doctor or pharmacist before I start a new prescription, over the counter product or herbal supplement.

I will be able to tell staff who will be managing my care after I leave the hospital.

- _____ will manage my DOAC.
- My next appointment is _____.

I will be able to tell staff how I will prevent blood clots. I will:

- Take my medicine as prescribed.

- Follow instructions from my doctor.
- Follow directions from my doctor regarding my activity level.

Why is this important to me?

- I need to take this medicine for the reason explained to me.
- Taking a DOAC puts me at a higher risk of bleeding.

As part of my care and to help me understand my DOAC I may receive:

- DOAC Education Plan
- Patient drug information handout
- Free 30 day
- Copay card, if I qualify

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Teaching Tools

- DOAC Education Plan
- DOAC DVT/PE Kit or Atrial Fibrillation Kit
- Lexicomp Patient Education

References: Lexicomp

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Always close each teaching session with the question, “What questions do you have for me?”

*This page is intended for staff use only. Do not give to the patient. This document is not a part of the permanent medical record.