**DIRECT ORAL ANTICOAGULANT (DOAC) FOLLOW-UP CHECKLIST**

<table>
<thead>
<tr>
<th>Patient name:</th>
<th>Date</th>
<th>DOAC</th>
<th>Dose</th>
<th>Dosing Time(s)</th>
<th>Weight</th>
<th>CHADS2</th>
</tr>
</thead>
</table>

**HEALTH STATUS SINCE LAST ASSESSMENT**

- Any new relevant medical problems, ED visits/hospitalizations? [ ] Y [ ] N
- Any embolic events (stroke / TIA / systemic embolism)? [ ] Y [ ] N

<table>
<thead>
<tr>
<th>A ADHERENCE WITH DOAC THERAPY</th>
<th>Issues?</th>
<th>[ ] Y [ ] N</th>
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</table>
- 1 or more missed doses in an average week? If yes, number of missed doses: ________
- Any issues with taking the DOAC property? (i.e. rivaroxaban with food/don’t open or chew dabigatran/etc.)

<table>
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<tr>
<th>B BLEEDING RISK ASSESSMENT</th>
<th>Issues?</th>
<th>[ ] Y [ ] N</th>
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</table>
- NB: a YES to any of the following requires individualized assessment and does not imply that DOAC should be discontinued
- Any signs / symptoms of GI bleeding? Any other bleeding?
- Any drop in hemoglobin or new anemia? Latest hemoglobin: ________
- EtOH overuse?
- Uncontrolled hypertension (SBP >160 mmHg)? Hypotension with syncope/falls?

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<tr>
<th>C CREATININE CLEARANCE</th>
<th>Issues?</th>
<th>[ ] Y [ ] N</th>
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</table>
- Latest creatinine: ________
- Latest eGFR (or calculated creatinine clearance if eGFR <50ml/min): ________
- [http://thrombosiscanada.ca/?page_id=502&calc=cockcroft](http://thrombosiscanada.ca/?page_id=502&calc=cockcroft)
- Any recent dehydrating illness or medications added/changed? (i.e. diuretics)

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<tr>
<th>D DRUG INTERACTIONS</th>
<th>Issues?</th>
<th>[ ] Y [ ] N</th>
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- ASA / other antiplatelets? NSAID?
- Other drug interactions? (Review med list / OTCs; see Table)

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<th>E EXAMINATION</th>
<th>Issues?</th>
<th>[ ] Y [ ] N</th>
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</table>
- Blood Pressure: [ ] Within Target [ ] High [ ] Low Actual BP (Opt.): ___/___
- Does patient need referral for gait assessment/walking aids for falls prevention?

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<tr>
<th>F FINAL ASSESSMENT &amp; RECOMMENDATIONS</th>
<th></th>
<th>[ ] Y [ ] N</th>
</tr>
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</table>
- Overall patient appears stable from the anticoagulant standpoint; benefits of continued anticoagulant therapy outweigh risks; Recommend continue current anticoagulant therapy.
- Dose verified and is appropriate for patient’s age/weight/renal function/health status
- [http://thrombosiscanada.ca/?page_id=502&calc=antithromboticAlgorithm](http://thrombosiscanada.ca/?page_id=502&calc=antithromboticAlgorithm)
- Any changes to current therapy needed?
- Provide details:

**PATIENT EDUCATION & COUNSELING**

- I have counselled about the following: [ ] Y [ ] N
- The rationale for continued DOAC therapy
- The potential for minor, major or life-threatening bleeding
- Dosing instructions, adherence, risks of non-adherence, handling missed doses
- Avoiding OTC ASA & NSAIDs & minimizing EtOH to reduce bleeding risks

**Next F/U Date** ________
**Next Bloodwork** ________
**Initials** ________

This checklist was developed by Gladstone DJ, Geerts WH, Douketis J, Ivers N, Healey JS, Leblanc K. and is a supplement to Ann Int Med. 2015;163:382-386.