



## Practice Aid

# Structured Follow-Up for Patients Treated With NOACs

**Initiator of anticoagulant treatment:**

- Establishes indication for anticoagulation
- Checks baseline blood works, including haemoglobin, renal and liver function, full coagulation panel
- Chooses anticoagulant and correct dose
- Decides on need for proton pump inhibitor
- Provides education and hands out anticoagulation card
- Organises follow-up (when, by whom, what?)
- Remains responsible coordinator for follow-up

First follow-up: 1 month

**Follow-up: GP; anticoagulant or AF clinic; initiator of therapy...**

- Checks for thromboembolic and bleeding events
- Assesses adherence (remaining pills, NOAC card, etc), reinforces education
- Checks for side effects
- Assesses comedications and OTC drugs
- Assesses modifiable risk factors and takes every effort to minimise them
- Determines the need for blood sampling
- Assesses optimal NOAC and correct dosing

- In case of problems: contacts initiator of treatment
- Difficult decisions on anticoagulation should be taken by a multidisciplinary team

Otherwise:

- Fills out anticoagulation card
- Reinforces key educational aspects
- Sets date/place for next follow-up

**± 3 months**  
(1-6 months;  
interval depends  
on patient factors,  
including renal  
function, age,  
comorbidities, etc)

AF: atrial fibrillation; GP: general practitioner; NOAC: novel oral anticoagulant; OTC: over-the-counter.  
Adapted from Steffel J et al; ESC Scientific Document Group. *Eur Heart J*. 2018;39:1330-1393.

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