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 comedication 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

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

- 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

AF: atrial fibrillation; GP: general practitioner; NOAC: novel oral anticoagulant; OTC: over-the-counter.

The information presented here is not meant to serve as a guideline for patient management. Any procedures, medications, or other courses of diagnosis or treatment included here should not be used by clinicians without evaluation of their patients’ conditions and possible contraindications, review of any applicable manufacturer’s product information, and comparison with recommendations of other authorities.

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