Document allergies on approved form and ensure medication reconciliation has been reviewed as per organizational process

ED Initiation of DOAC for Stroke Prevention in Atrial Fibrillation Order Set

ACTION

Patient Population

Inclusion

- Patient greater than 18 years of age with atrial fibrillation
- Patient with atrial fibrillation deemed appropriate for anticoagulation therapy for secondary prevention of stroke

Exclusion

- Patient with or at risk of clinically significant bleeding

Administration

Diagnosis: ☐ Atrial Fibrillation ☐ _____

☐ Comorbidities: _____

Allergies or hypersensitivities? ☐ None known ☐ Yes: Refer to facility's allergy documentation/process

☐ Primary Care Provider: _____

Patient Stratification

☒ HAS-BLED score: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Greater than 5

☒ CHA(65)DS(2) score: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Greater than 4

Consults

☐ Cardiologist - Reason: _____ ☐ Hospitalist - Reason: _____

☐ General Internist - Reason: _____ ☐ Pharmacist for medication review

☐ _____ - Reason: Continuation of OAC beyond 4 weeks ☐ _____

Nursing Care Management

Vitals/Monitoring

☐ Weigh patient: Weight: _____ kg

☐ T, HR, RR, BP q _____ h and PRN

☐ Pain Score q4h and PRN

Lab Investigations and Diagnostics

Lab Investigations

☐ CBC ☐ INR ☐ Creatinine

☐ Albumin ☐ Bilirubin ☐ _____

Diagnostics

☐ _____

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ACTION

Pharmacotherapy

Direct Oral Anticoagulants (DOACs)

☐ dabigatran _____ mg PO q12h for _____ days (110 – 150 mg) [caution- renal]
☐ apixaban _____ mg PO q12h for _____ days (2.5 – 5 mg) [caution-geriatric,hepatic,renal]
☐ rivaroxaban _____ mg PO q24h for _____ days (15 – 20 mg) [caution-hepatic, renal]
☐ _____

Patients switching from warfarin to DOAC

☐ Discontinue warfarin therapy on _____ (yyyy-mm-dd) at _____ (hh:mm)
  ☐ Start DOAC therapy when INR less than: _____
  ☐ Start DOAC therapy on _____ (yyyy-mm-dd) at _____ (hh:mm)

Patients switching from LMWH, fondaparinux, heparin to DOAC

☐ Discontinue _____ on _____ (yyyy-mm-dd) at _____ (hh:mm)
  ☒ Start DOAC therapy on _____ (yyyy-mm-dd) at _____ (hh:mm)

Warfarin

☐ Target INR 2 – 3 ☐ Target INR 2.5 – 3.5
☐ INR q _____ (frequency)
☐ warfarin _____ mg PO q24h for _____ days, then request MD/NP to reassess
☐ _____

Antiplatelets

☐ acetylsalicylic acid 80 mg PO q24h
☐ acetylsalicylic acid (enteric coated) 81 mg PO q24h
☐ clopidogrel 75 mg PO q24h [caution-hepatic]
☐ _____

Discharge and Follow-up

☒ Planned discharge date: _____ (yyyy-mm-dd)
☐ Discharge patient home ☐ Discharge patient to: _____
☒ Complete discharge medication reconciliation process prior to discharge as per policy/procedure
☒ Provide a copy of relevant documents to the primary care provider as per policy/procedure
☐ _____

Appointments to be Arranged Prior to Discharge

☐ Primary Care Provider: _____ Phone Number: _____
  ☐ Arranged by hospital: Date: _____ Time: _____ **or** ☐ You will be notified
  ☐ Patient to arrange appointment to be seen in _____ day(s)_____ **or** _____ week(s)
☐ _____ Phone Number: _____
  ☐ Arranged by hospital: Date: _____ Time: _____ **or** ☐ You will be notified
  ☐ Patient to arrange appointment to be seen in _____ day(s)_____ **or** _____ week(s)

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ACTION

Patient Education

☐ Provide applicable education and discharge instruction to the patient as per policy/procedure

The following topics are important to include within patient education:

- Follow-up appointments for bloodwork
- Medication management, including missed doses
- Ensure patient is aware of the importance of medication adherence, taking medication with food when applicable
- Bleeding and bruising risks
- When to seek medical attention

☐ Provide written education materials for patient/family/caregivers to review after discharge

Additional Orders

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ACTION

Order Set Development and Implementation Considerations

The intent of this Order Set Development and Implementation Considerations section is to provide additional information for Order Set Committees and/or Order Set Leads when implementing this order set locally. This section is not designed to be included in the actual order set and can be removed if needed.

Patient Care Considerations

- **Advantages of DOACs:** The advantages of DOACs include faster onset of action, fewer food and drug interactions, lower requirements for monitoring and decreased mortality when compared with warfarin.
- **DOAC Considerations:** For more information related to DOAC prescribing and monitoring, please refer to individual product monographs and/or alternative resources.
- **Follow-up:** Patients should have follow-up at least every 6-12 months if receiving long-term treatment. It is important to assess for bleeding complications, to assess the relative risk for thromboembolism, and to assess kidney function [(1)].
- **Patient Stratification:**
  - The CHA(65)DS(2) score is a tool used to estimate the risk of stroke in patients with atrial fibrillation. The tool considers various stroke risk modifiers like age, co-morbidities and past medical history to calculate a score from 0 to 6 representing a patient's relative stroke risk. For more information, refer to Thrombosis Canada, available at: http://thrombosiscanada.ca/?page_id=502&calc=chads2.
  - HAS-BLED is a scoring system developed to assess the 1-year risk of major bleeding in patients with atrial fibrillation. HAS-BLED stands for hypertension, abnormal renal and liver function, stroke, bleeding, labile INRs, elderly, drugs or alcohol. The calculated HAS-BLED score is between 0 and 9. For more information, refer to HAS-BLED score for major bleeding risk from Thrombosis Canada, available at http://thrombosiscanada.ca/?page_id=502&calc=has-bled.
- **Reversing Agent:** Facilities should develop evidence-based reversal strategies for oral anticoagulants based their local resources and policy/procedure. Idarucizumab (Praxbind®) is approved as a reversing agent for dabigatran when rapid reversal of the anticoagulant effect of dabigatran is required, e.g. for patient with active bleeding or requiring surgery within hours. Facilities are encouraged to develop local, evidence-based reversal strategies for all anticoagulants as available.

Additional Considerations

- **Drug-specific Reminders:** Drug-specific reminders are intended to alert prescribers to potentially harmful drug properties for certain susceptible patients. The following caution flags are for the organization's consideration when developing an order set: [caution-geriatric,hepatic,renal]. For a comprehensive list of drug cautions and contraindications, consult product monographs and/or alternative resources.

References

Key references [(1–4)]

All medications have been reviewed using Lexicomp and Compendium of Pharmaceuticals and Specialties (eCPS).

1. Di Biase, L. (2016). Use of direct oral anticoagulants in patients with atrial fibrillation and valvular heart lesions. *Journal of the American Heart Association*, 5(2), 1–10. doi:10.1161/JAHA.115.002776

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ACTION

2. Buckley, L. F., Rybak, E., Aldemerdash, A., Cheng, J. W. M., & Fanikos, J. (2016). Direct oral anticoagulants in patients with atrial fibrillation and renal impairment, extremes in weight, or advanced age. *Clinical Cardiology*, 40(June 2016), 46–52. doi:10.1002/clc.22591

3. Hoie, E. B., O'Brien, K. K., Neighbors, K., Castillo, S. L., & Begley, K. J. (2017). Direct oral anticoagulants for the prevention of stroke in nonvalvular atrial fibrillation. *U.S. Pharmacist*, 42(2), 32–35.

4. Stacy, Z., & Richter, S. (2016). Practical considerations for the use of direct oral anticoagulants in patients with atrial fibrillation. Clinical and applied thrombosis/hemostasis: *Official Journal of the International Academy of Clinical and Applied Thrombosis/Hemostasis*. doi:10.1177/1076029616634886

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