

Patient admitted – already prescribed DOACs:

As part of the medicines reconciliation process (prescriber) :

- Confirm & document on electronic patient record (EPR):
 - Indication (e.g. atrial fibrillation, pulmonary embolism, treatment of DVT etc);
 - Duration of treatment or date to be discontinued (if not long-term treatment);
 - Current dose - stable or initiation dose?
- Check for interactions, contraindications and review admission blood results – [calculate CrCl](#) to determine if dosage is appropriate (a recent eGFR can be used as a guide as to whether this needs to be checked) and check patient weight on admission (apixaban & edoxaban have weight-based dosing for some indications).
- Confirm [VTE risk assessment](#) has been completed as part of admission clerking.
- Add “significant medication alert” to EPR detailing anticoagulant prescribed.
- Add to regular prescription on Electronic Prescribing and Medicines Administration (EPMA), ensuring the following warnings are added “caution – risk of bleeding” for awareness in case of falls; “critical medication – do not omit any doses unless on advice of prescriber” and for rivaroxaban only – “take with food/meals” ([appendix 1](#))

During admission:

- Falls and/or possible head injury – send to A&E to check for subdural haemorrhage – see [head injury protocol](#) / [post falls protocol](#)
- There are reversal agents for apixaban, dabigatran and rivaroxaban.
- Report suspected side effects – via [yellow card](#) reporting system

Administration / access to supplies throughout admission (nursing staff):

- DOACs are “Critical medicines” - ensure all doses are administered as prescribed and report **all** missed or refused doses immediately to prescriber, even if only one dose is missed.
- Ensure supplies are available / accessed out of hours from emergency drug cupboard.

Patient commencing a DOAC during admission (prescriber):

- Follow local formulary/guidelines when initiating treatment in an emergency e.g. suspected DVT/PE. (Apixaban or rivaroxaban tablets tend to be first/second line choice locally, dependent on indication).
- Caution with patients at increased risk of bleeding e.g. older people (>75 years), people with low body weight (≤ 60 kg) or renal impairment - review latest blood results – [calculate CrCl](#) to determine if dosage is appropriate (a recent eGFR can be used as a guide as to whether this needs to be checked).
- Check for interactions and any other possible contraindications.
- Confirm & document on EPR:
 - Indication (e.g. atrial fibrillation, pulmonary embolism, treatment of DVT etc);
 - Duration of treatment / date to be discontinued (if not long-term treatment);
 - Current dose - stable or initiation dose?
- Add “significant medication alert” to EPR detailing anticoagulant prescribed.
- Add to regular prescription on EPMA, ensuring the following warnings are added “caution – risk of bleeding” for awareness in case of falls; “critical medication – do not omit any doses unless on advice of prescriber” and for rivaroxaban only – “take with food/meals”. ([appendix 1](#))
- Alert pharmacy team to new prescription, for patient counselling ([see overleaf](#)).

On Discharge/prolonged leave:

- Check if any significant changes in weight since admission (apixaban and edoxaban have weight-based dosing for some indications).
- Counselling refresher to be offered for all DOAC patients (pharmacy)
- Ensure follow up has been arranged with GP as necessary.

Title	MSS11 – Direct Oral Anticoagulants (DOACs) for inpatients V3.0
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Pharmacy Team Tasks:

- Ensure all prescriber/admission actions are completed for new and existing patients.
- Ensure all DOACs are flagged as “**critical medication**” on EPMA & monitor to ensure doses are not omitted - report **all** omitted doses to prescriber & on InPhase.
- Check for interactions, particularly if DOAC or interacting medicine is initiated on admission or on transfer from another provider e.g. acute hospital.
- Ensure patients prescribed new DOACs during admission are appropriately counselled (and document this on EPR), counselling may include:
 - importance of good compliance / what to do if miss a dose
 - risk of bleeding events / what to do if they occur,
 - common side effects
 - informing prescriber if any changes are made to medication
 - avoidance of using over the counter, supplements or herbal medicines without first checking with a healthcare professional
- Provide an anticoagulant (DOAC) book and alert card and advise on appropriate use.

Monitoring (see [SPS guidance](#))

- For complete monitoring requirements always refer to the individual Summary of Product Characteristics for each DOAC.
- FBC, U&Es and LFTs are required annually.
- U&E monitoring should occur more frequently if the patient is aged >75 years, frail, has renal impairment or an intercurrent illness that may affect renal function.

Signs and symptoms of serious bleeding:	Common Interactions - always check current BNF for full list of interactions with each drug
• Tar coloured stools, blood in urine, nosebleed, bleeding of gums or from cuts that take a long time to stop • Bruising or bleeding under the skin with swelling or discomfort • Headache, dizziness, tiredness, paleness or weakness • Coughing up blood or vomiting blood or material that looks like coffee grounds • Loss of consciousness or drowsiness In the event of a bleeding event which does not stop on its own immediately seek medical attention and do not give any more doses until reviewed	• Increased bleeding risk ○ Antidepressants (e.g., SSRIs) ○ Antiplatelet drugs (e.g., aspirin, clopidogrel) ○ Systemic steroids ○ NSAIDs (e.g., diclofenac, ibuprofen, mefenamic acid, naproxen) • HIV medication (e.g., ritonavir) • Strong enzyme inhibitors (e.g., ciclosporin, erythromycin, ketoconazole, itraconazole) • Strong enzyme inducers (e.g., rifampicin, phenytoin, carbamazepine, phenobarbital) • St. John's Wort

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Appendix 1: Prescribing DOACs and adding relevant warnings to EPMA

1 Prescription Setup

2 Medicine Selection

3 Review Warnings

4 Dose Type

5 Define Prescription

6 Define Instructions

7 Review Prescription

apixaban - DOSE 5 mg - Oral - TWICE a DAY - Deep vein thrombosis - prophylaxis

Indication: Deep vein thrombosis - prophylaxis

Rapid tranquillisation? ☐ NO

View Guidance ☐ NO

Dose Category: Maintenance

Dose: 5 mg

Dose Range: ☐ NO

Frequency: BD TWICE a DAY

When: Search

Set admin time? ☐ NO

Start Date: 27-Mar-2026

Start Time: 09:30

Ongoing? ☒ YES

Add STAT ☐ NO

Add PRN ☐ NO

Skip Instructions ☐ NO

< Previous Next Cancel

Add indication /
dose category /
dose

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Insulin - Dosing on Paper Chart (select all):

Pharmacy Labels (select relevant):

☐ Avoid cranberry juice

☐ Avoid grapefruit juice

☐ Can be given covertly - see covert plan

☒ Critical Medication - Do not omit any doses unless on advice of prescriber

☐ Dissolve or mix with water before taking

☐ Dissolve this medicine under your tongue

☐ Do not omit any doses unless on advice of prescriber (Pharmacist Only)

☐ Do not swallow

☐ Do not take indigestion remedies 2 hours before or after you take this medicine

☐ Do not take indigestion remedies, or medicines containing iron or zinc, 2 hours before or after you take this medicine

☐ Do not take milk, indigestion remedies, or medicines containing iron or zinc, 2 hours before or after taking this medicine

☐ Protect your skin from sunlight—even on a bright but cloudy day. Do not use sunbeds

☐ Record administration on paper chart and EPMA.

☐ Rinse the mouth with water after use

☐ Store in FRIDGE

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Add relevant warnings

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☒ External Preparations - Topical & Patches (select relevant):

☒ Physical Health Rescue Meds (select relevant):

☒ Anticoagulant and Antiplatelet Labels (select relevant):

☐ Anticoagulant - follow head injury protocol

☐ Antiplatelet - follow head injury protocol

☒ Caution - risk of bleeding

☒ PRN 1st line / 2nd line (select one where multiple PRNs are prescribed for the same indication):

☒ Inhalers (select relevant):

☒ Add to IM olanzapine - Rapid Tranquillisation (select all):

☒ Add to IM lorazepam if IM olanzapine co-prescribed - Rapid Tranquillisation:

☒ Adrenaline for anaphylaxis (add both instructions):

☒ Prescribed via Multiple Routes or Regular and PRN:

☒ Insulin (add all instructions):

☒ Insulin - Dosing on Paper Chart (select all):

☒ Pharmacy Labels (select relevant):

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