

- Feeling dizzy or weak
- Unexpected bleeding or bleeding that lasts a long time, such as:
 - Unusual bleeding from the gums
 - Nosebleeds that happen often
 - Menstrual or vaginal bleeding that is heavier than normal
- Bleeding that is severe or you can't control

If you have any of the above, contact your anticoagulation clinic or your health care provider immediately.

Resources for more information

Agnesian HealthCare Anticoagulation Management Services

<http://www.agnesian.com/services/services/anticoagulation-management>

National Stroke Association

1-800-STROKES or www.stroke.org

American Heart Association Stroke Connection "warmline"

1-800-553-6321 or www.americanheart.org

An internet resource for deep vein thrombosis and pulmonary embolism

<http://www.dvt.org/dvt/>

Your co-pay: _____

We look forward to managing your DOAC medication to ensure it is safe and effective for you.

Ripon Medical Center Anticoagulation Management Services
(920) 745-3320

St. Agnes Hospital Anticoagulation Management Services
(920) 926-4580

Waupun Memorial Hospital Anticoagulation Management Services
(920) 324-8444



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DOAC

Direct-Acting Oral Anticoagulants Guide for Patients



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What are Direct-Acting Oral Anticoagulants (DOACs)?

- DOACs are a newer class of medications called anticoagulants. These are better known as “blood thinners.” These medications affect how long it takes your body to make a blood clot.
- The conventional anticoagulants are warfarin (Coumadin) or heparin.

What are the names of the DOACs?

- Apixaban (Eliquis®)
- Rivaroxaban (Xarelto®)
- Dabigatran (Pradaxa®)
- Edoxaban (Savaysa®)
- Betrixaban (Bevyxxa®)

Why do I need to take a DOAC?

- Prevent strokes in patients that have an abnormal heart rhythm, such as atrial fibrillation.
- Treat blood clots in your arms, legs, or lungs, sometimes called deep vein thrombosis (DVT) or pulmonary embolism (PE).
- Prevent blood clots in patients that are at risk, such as those who have had a clot in the past or those having major surgery (e.g. orthopedic surgery).

What are the advantages of a DOAC compared to warfarin?

- Warfarin management requires careful monitoring of blood levels along with strict maintenance of diet, exercise patterns and other medications you may take. DOACs require less lab monitoring and have less interactions with your diet.
- DOACs have also proven to be as successful as warfarin in preventing blood clots, with potentially less risk of major bleeding issues.

Who should NOT take a DOAC?

- Patients with mechanical heart valves.
- Patients with poor kidney or liver function may not be appropriate for a DOAC.
- Patients on medications that interact strongly with DOACs.
- Patients with certain conditions like antiphospholipid syndrome, or Factor V Leiden disease.

What do I need to know about DOACs?

- Any anticoagulant increases your risk for minor and major bleeding issues. With monitoring from your anticoagulation clinic, informing your doctor or pharmacist of all medication changes (including herbal supplements and over-the-counter medications), and safe dietary practices, the risk of any bleeding issue will be greatly reduced.

- Our anticoagulation management clinic or your provider may monitor you every 3, 6 or possibly 12 months to ensure your DOAC is safe and effective.
- You may bruise more easily and it may take longer than normal for any bleeding to stop while taking a DOAC. Excessive bleeding is a risk for anyone taking anticoagulants.
- You should always tell any family members or anybody responsible for your care and all healthcare providers that you are taking an anticoagulant.
- Take your medication as prescribed and do not abruptly stop taking the medication without first talking to your healthcare provider.

What are signs of bleeding and what should I do if I notice these?

- Bleeding with DOACs is very rare. However, it is still a possibility simply because of taking a “blood thinner.”
- If you have any trauma to your head while taking a DOAC, such as falling and hitting your head, contact your primary care provider or go to the nearest Emergency Room immediately.

Signs of bleeding include:

- Red, pink or brown urine
- Red or black stool (looks like tar)
- Coughing up or vomiting blood
- Vomit that looks like coffee grounds
- Significant bruising
- Unexpected pain, swelling or joint pain
- Very bad headache that doesn't go away