

NMS QUESTIONS

NMS Question	All Anticoagulants	Warfarin Specific	NOAC Specific
Have you had a chance to start taking your medicine yet?	<i>If not – stress the importance of anti-coagulant therapy in reducing risk of stroke</i>	Treatment will have started with loading doses and titration according to response – if start of treatment delayed, this will also affect the timing of blood tests	
How are you getting on with it?	<ul style="list-style-type: none"> Is taking regular medication new to this patient? Or an addition to an existing cocktail? Seek medical attention If patient falls, or is injured during treatment – especially if they hit their head (due to increased risk of bleeding). Bruising more easily or bleeding for longer from minor cuts is normal Seek medical help if there is blood in urine or tar coloured stools Anti-coagulants do not cause unexplained bleeds (e.g. nosebleeds) but will make bleeding worse. The cause of the bleeding should be resolved rather than withdrawal of the anti-coagulant 	<ul style="list-style-type: none"> What are the results of early blood tests? How is the patient coping with blood tests and dosage adjustment? How is the patient coping with maintaining a stable intake of interacting substances – e.g. dark green veg, salads, alcohol 	<ul style="list-style-type: none"> Swallow tablet/capsule whole – crushing or opening will alter the anti-coagulant effect and make bleeding more likely Rivaroxaban must be taken with food (this could be a glass of milk) Nausea can be a side-effect. This is reduced in Dabigatran by taking standing up with LARGE GLASS of water (also prevents capsule getting stuck and causing irritation)
Are you having any problems with your new medicine or concerns about taking it?	<ul style="list-style-type: none"> This is an opportunity to discuss the benefits of anti-coagulants in reducing stroke May also be an opportunity to discuss concerns about drug interactions 		<ul style="list-style-type: none"> Some patients experience difficulty in opening Dabigatran packaging (not a push through blister design) Manufacturers of dabigatran have designed a compliance aid which is available free of charge
Do you think it is working (is it different from expected) ?	<ul style="list-style-type: none"> As a preventative – no way of knowing! For DVT patients – leg swelling should be reducing Side-effects such as bruising may be indication that it is effective, however not feeling anything is not a problem! 	Regular INR monitoring gives indication of medicine working as intended	<ul style="list-style-type: none"> Patients who have previously been on Warfarin may be concerned that they don't have a blood test to indicate that it is working as expected Reassure that the blood tests are not necessary because the effects of these medicines are more predictable Full anticoagulant effect present within 3 hours of first dose!

NMS SUPPORT FOR ANTI-COAGULANTS FROM



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<p>Do you think you are getting any side-effects or unexpected effects?</p>	<p>This may lead to another opportunity to discuss unexplained bleeding</p>		<ul style="list-style-type: none"> • An opportunity to discuss any nausea etc • As these are relatively new medicines, don't forget to report any adverse drug reactions using the Yellow Card scheme • If patient is feeling VERY UNWELL, advise to seek urgent medical advice before taking next dose (acute kidney injury will cause a build-up of these medicines)
<p>People often miss taking doses of their medicine, for a wide range of reasons. Have you missed any doses of your new medicine, or changed when you take it (prompt: when did you last miss a dose)?</p>	<ul style="list-style-type: none"> • It is important to take all anticoagulants regularly at the same time each day • Because of the "6pm" rule for warfarin, and the need to take Rivaroxaban with food, 6pm is a good rule of thumb for all anticoagulants unless a different time of day would assist the patient to remember 	<ul style="list-style-type: none"> • It is recommended to take warfarin at 6pm each day – this minimises variation in the results of blood tests • Never take a "double dose" the next day to make up for a missed dose 	<ul style="list-style-type: none"> • It is not important what time of day the medicine is taken, so long as it is the same time every day. Twice daily dosing regimens – 12 hourly is best e.g. 7am and 7pm • A forgotten dose of Rivaroxaban should be taken immediately it is remembered, but should not be doubled up on the same day to make up for a missed dose • When on a twice daily dose of 15mg Rivaroxaban, two doses can be taken together if one forgotten • A forgotten dose of Dabigatran can be taken any time up to 6 hours before the next scheduled dose. If remembered later than this, it should be omitted
<p>Do you have anything else you would like to know about your new medicine, or anything you would like me to go over again?</p>	<ul style="list-style-type: none"> • Confirm that patient has an information book/alert card – refer to anticoagulant clinic if not • Note – GP should be monitoring renal/liver function annually 	<ul style="list-style-type: none"> • A good opportunity to discuss alcohol and interacting food/medicines • Interactions and changes to diet will take around 5 days to change the result of a blood test. 	<p>If asked about monitoring – GP should be monitoring renal function annually (or more frequently if clinical concerns)</p>